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SIN AND SICKNESS

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There are few subjects that concern the minister which carry us as far afield (or so deep) theoretically, and at the same time meet us so constantly on the practical level, as the relation between sin and sickness. By sickness we mean emotional illnesses particularly. By relation we mean how the two experiences have to do with each other. They may be diverse, or opposed to each other, or juxtaposed. They may be mixed or mingled with each other. One may be dependent on the other; one may be the cause of the other. Or they may be merely two names for the same experience.

It is the thesis of this discussion that sin and sickness are not the same thing, but may be aspects or areas of one event or experience. Both may be looked upon as failures of the human individual to function ideally, and in most instances of both we may assume that something can be done to alleviate these conditions. Health and righteousness are the reasonable aims of man and God.

In order to see the relation between sin and sickness, it seems that we must come to some understanding of (1) what we mean by emotional illnesses, (2) what is meant by sin according to the Christian concept, and (3) how sin differs from sickness.

The techniques of psychotherapy are apart from this discussion, although religion may learn something from the psychiatrist.[1] However, it should be stated that dealing with sickness and dealing with sin are not necessarily two separate things. Often the two arise simultaneously in the growth process of an individual and can best be dealt with concurrently by either the minister or the psychotherapist.

In the light of our understanding of personality, illness may be thought of as inadequate ways (socially and personally) of resolving anxiety. In some cases more repressed material is coming into consciousness than the individual can handle—people get sick when repressions are not working or when impulses become too threatening. But this is not the whole story. Some get sick—depressed people, for example—when the conscience is making too severe demands upon the conscious.

If the individual adopts ways of dealing with anxiety that deviate very far from normal, socially acceptable behavior, we class them as abnormal. It is not difficult for the general public to see that psychotic people are sick mentally. When a man stands at the window all night and watches for his neighbor to try to shoot him, or imagines that electricity is flowing through his body, or washes his hands 200 times a day, or chokes his infant child to death, or exhibits his genitals in a crowd in the street, most of us will admit that he is sick emotionally.

What is harder for us to see is that a woman who has a fear that she might stab her baby is also sick. And even harder for the general public to understand is that the woman who goes to bed because she is exhausted and stays in bed after the physicians find nothing physically wrong with her, and vomits every time she starts toward the kitchen, is sick also. And probably the most difficult of all emotional illnesses to accept is the so-called "character disorder" or the "psychopathic personality."

These "character disorder" cases act out their impulses, write "rubber" checks, commit adultery, drink excessively, take dope, commit petty crimes, and generally fail to conform to the accepted rules. Are they sick or just mean? The opinion of psychiatry is that these people are profoundly ill, and generally do not respond to therapy, depending on the degree of their deviations and some other factors.

The critical problem of the theologian is to understand clearly the distinction between sin and sickness in the person who is what psychologists

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[1] See Russell L. Dicks, "Psychiatry and Religion in an Age of Anxiety," *Religion and Health,* March 1953; Paul E. Johnson, "Religious Psychology and Health," *Mental Hygiene,* October, 1947 (XXXI, 4); and Harry M. Tiebout, "Conversion as a Psychological Phenomenon," *Pastoral Psychology,* April 1951. Many other similar articles may be found in *Pastoral Psychology, The Journal of Pastoral Care,* and in *Religion and Health.*

call the "neurotic." So let us try to distinguish between normality and neurosis, as the psychiatrist sees them.[2]

A neurosis cannot be judged simply by symptoms. Nor can we judge a neurosis by the conformity or deviation of an individual from the surrounding cultural pattern of behavior. An individual act, such as stealing, may serve a healthy or a neurotic end, looked at from the standpoint of psychology. Many people conform to the social pattern, such as being successful in our culture, with a tremendous expenditure of heroic strength. Some extremely domineering people and some very humble (milquetoast) people are the way they are because of a false sense of values. The clergyman, for example, may be a professional demagogue, not because he is sick but because he does not have the proper respect for people, or because he has been trained by inadequate (or even sick) leaders.

The mark of neurotic behavior, whether an impulse, thought, action, or feeling, lies in the inability of the person to change. "The essence of normally is flexibility."[3] To understand neurotic behavior we must look at the constellation of forces which produced it and see if they have predetermined a tendency to its automatic repetition. When an area of one's life is dominated by unconscious forces which are inaccessible to the individual, we may characterize his behavior in that area as unhealthy or neurotic.

This does not mean that any act or feeling must be entirely conscious to the individual. This would be asking entirely too much. We are never aware of more than a fringe of our motivation in most of our behavior. It does mean that when a large part of the individual's behavior is dominated by forces which are beyond (or beneath) his level of control, his feeling or action will become repetitious, fixed, and often crippling. The daily adaptation of the healthy individual requires that he be able to change when necessary.

This probably means that most, if not all, of us have areas of neuroticism. This may be admitted without any fear or trembling.

As Dr. Harry Tiebout once remarked when a student asked at the Yale School of Alcohol Studies: "Why does the alcoholic need a Higher Power to help him overcome his drinking? Why can he not simply understand his unconscious and the tricks it plays on him and learn to manage his life consciously?" Dr. Tiebout's reply was, "God pity the man who thinks that he understands his unconscious."

The thesis of this viewpoint, however, is simply this: The *sine qua non* of emotional illness is that there is a preponderance of dominance of uncon-

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[2] The material in this section draws heavily upon a recent article by Dr. Lawrence S. Kubie, "The Fundamental Nature of the Distinction between Normality and Neurosis," *The Psychoanalytic Quarterly,* XXIII (1954), pp 167-204.

[3] Lawrence S. Kubie, *op. cit.,* p. 182

scious forces which reduce freedom and thereby cause the faulty behavior to be repeated, and that these unconscious forces arise out of unconscious conflicts.

I can illustrate by the case of a twenty-three-year-old ex-service man, a junior in college, who came to me confessing that he stole dimes. He did not need the money and could not understand his behavior. This had been going on for over two years and had disturbed him somewhat, but it had become particularly disturbing when he confessed it to his fiancée. She looked him in the eye and said, "I have one question to ask you. Have you ever been born again?" He told her that he did not know, that he had joined the church when he was eleven and that he believed in God.

He was able to tell me that he remembered one thought that had floated through his mind when he would steal a dime, "What if I am caught and then my mother will be disgraced and she will leave me alone." He was an adopted child; his foster mother was a chronic invalid who dominated him in many subtle and vicious ways. When he faced his normal hostility in such a situation and talked about it frankly, all impulse to steal dimes left him and on the third interview he was converted. I baptized him the next Sunday. Six years later he was still functioning as a healthy Christian, still free from compulsions.

The question of sin and responsibility now may be looked at. Sin is a religious concept and is not at all the same as moral wrong, violation of some code, or the deviation from moral rectitude, or the failure to choose the best. It is more. And its underlying assumptions must be understood or it may be equated with many other experiences which are beside the point. It is not enough to see that "all of us are wicked in some degree, all of us are wicked on occasion, and that we are so because strands of evil are inextricably woven into our fundamental make-up."[4] Sin is not the same as wickedness.

When we say that sin is a religious concept we must remember that, as Karl Jaspers has pointed out:

> Religion becomes the polar opposite of philosophy. It offers a continuous challenge to philosophic penetration. But the resistance it offers to philosophic efforts turns out to be productive . . . For man, to abandon and forget religion completely would be to end the philosophic quest itself. It would be replaced by unreasoning despair ignorant of itself, a life lived merely from moment to moment, a kind of nihilism full of chaotic superstition. Ultimately, even science would die. Man's fundamental questions —What is man? What can he become? What will become of him?—would no longer reflect serious experience. These would no longer be asked. Of course these same questions would take on new disguises, but they would

[4] C. E. M. Joad: *The Recovery of Belief;* Faber and Faber Limited, London, 1951, p. 65.

remain limited to answers which would make human life seem incomprehensive and meaningless.[5]

What this eminent modern philosopher says about religion, as being "the polar opposite of philosophy," applies also to the philosophy of science involved in psychotherapy. Psychiatry sees anxiety as the causal factor in mental illness. This is arrived at from empirical studies. It is a fact which no one wishes to dispute. But it fails to give a really significant understanding of man's disorder in two aspects: (1) it does not see the deeper meanings of man's anxiety; (2) it offers a very limited sort of salvation, or liberation. This we will try to show after we attempt to define the nature of sin.

First, let us try to define sin. Emil Brunner has said:

> Sin is rebellion against God and separation from Him. Sin, fundamentally, is the revolt of the creature against the Creator, the attempt of the creature to escape from dependence on God, in order not to be under God, and related to God, but to be without God, that is, not only to be conditionally, but unconditionally, free. Not worldly pleasure, but the striving for unconditional freedom; the striving to be autonomous; the will of the tenant to be the lord (see Matt. 21:33 ff.), is the root of sin. It is only because man is freed from the Creator that he falls into a false relation with his fellow creatures, into love of the world and love of self, the false love of pleasure and the destruction of community by the setting up of self as an idol.[6]

Perhaps Brunner goes too far when he says that "in the last resort the fact of being or not being a sinner has nothing to do with the difference between the morally good and the morally evil."[7] It would seem to be a more accurate viewpoint to say that personal sin is the causal factor in moral evil, and that, as Brunner says, man "falls into false relation with his fellow creatures" because he has fallen into a false relation with the Creator. What he is trying to emphasize is that sin is not to be equated with stealing, or cheating, graft, drinking, card playing, smoking, or sexual irregularities. This viewpoint would seem to be true. The essence of sin is the refusal of man to be a subject.

Perhaps another summary of what we mean by sin will make this point even clearer, especially since it sets the picture of man more in the Biblical context:

> When and however there appeared on this earth a being who was not merely an animal but a man, for he had the power to make response to God, he failed to make that response; sin leads to sin and the sin of the first man has been repeated throughout the long history of the race.

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[5] Karl Jaspers: *Tragedy Is Not Enough;* Victor Gollancz Ltd., London, 1953, pp. 24-25.

[6] Emil Brunner: *Revelation and Reason;* The Westminster Press, Philadelphia, 1946, pp. 50-51.

[7] *Man in Revolt,* Lutterworth Press, London.

> Sin is not merely something which mars the life of this man or that. All men are sinners; all need to be saved. Every phase of our race's life shows the effect of sin. There is a reciprocity of sin. We grow up, each one, in a society which tempts to sin, and we ourselves increase the corporate and cumulative sinfulness of the society in which we live. The story of Eden is a homily . . . It expresses in dramatic form the origin of that sin which is universal. Why sin should be universal we do not know . . . This alone we know: we belong to a sinful race; we are sinners ourselves, and believe all men to be so. The story of the Fall is the symbol of that fall we all have made, putting our self-will before God's will, losing our true good by self-assertion.[8]

The Christian concept of sin places the act of sin where it belongs, in the will. (Again we are using a figure, like that of ego and super-ego, for man cannot discover any organ known as "will"—he experiences the volitional behavior and knows that he "wills" in certain respects.) Man cannot excuse himself from his responsibility for sin because of his "sinful nature," or because "everybody does it," or even because he "builds up anxiety." The sinful act does not spring from the sinful "nature" but the sinful nature is revealed by and to be understood by the sinful act. Reinhold Niebuhr has set this forth very clearly:

> Man is a sinner. His sin is defined as rebellion against God. The Christian estimate of human evil is so serious precisely because it places evil at the very center of human personality: in the will. This evil cannot be regarded complacently as the inevitable consequences of his finiteness or the fruit of his involvement in the contingencies and necessities of nature. Sin is occasioned precisely by the fact that man refuses to admit his 'creatureliness' and to acknowledge himself as merely a member of a total unity of life. He pretends to be more than he is . . . Man is not divided against himself so that the essential man can be extricated from the nonessential . . . His sin is the wrong use of his freedom and its consequent destruction.[9]

Here we see the great conflict between psychotherapy and religion. The errors of man are seen by psychology to be due to the intrapsychic struggle of man and to man's false development within his environment. Christianity sees man as a responsible being who is trying to be autonomous—which effort was a mistake in the first place.

Just where, then, do the roots of sin lie? What causes man to fall into sin? How does he get into the state, even after he has accepted the Savior, by which he falls into sin? If he is involved in a state of dependency upon God, why does he not accept this and be the "man" he was intended to be?

This is a very difficult question. Some see sin as pride; others see it as selfishness; still others, as sensuality. Perhaps it is all of these combined, and more. Sensuality, the gratification of the mere animal impulses without

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[8] Sidney Cave: *The Christian Estimate of Man;* Duckworth, 1944, p. 219.

[9] *The Nature and Destiny of Man;* Charles Scribner's Sons, New York, 1943, p. 16.

regard to the will of God, "the lust of the body," may be a kind of idolatry which makes the self god. This is a kind of selfishness and the essence of human pride.

L. H. Marshall traces all moral evil to the tendency of men to care for themselves too much and for their neighbors too little:

> Sin is a tree with a great many branches, but it has only one root, namely, the inordinate love of self, the tendency of the human ego to concentrate all its attention upon its own maintenance and the furtherance of its private ends.[10] [The self-love which he believed Jesus to condemn is that] unlimited and unchecked self-love that takes nothing and nobody—neither God nor man—into its calculations but Self. From this kind of self-centeredness and self-regard arise all the follies and vices and crimes of men. There is no sin in all the world which is not an expression of undue self-love.[11]

Hardly anyone will wish to question the selfishness involved in sin. Marshall's statement of the inordinate, Narcissistic, self-love certainly seems to be a meaningful description of life as we know it. But one wonders if these statements are not overloaded with judgmental qualities, rather than giving us insight as to why man is so egocentric.

It seems to me that an analysis of why man "sins" might be better stated in terms of pride. Let us try to say what this pride is. Augustine said: "What is pride but undue exaltation? And this is undue exaltation, when the soul abandons Him to whom it ought to cleave as its end and becomes a kind of end in itself." [12] In this, man secretly tries to be God himself and believes that he can save himself from himself (his problems and tensions).

It may take the form of stubbornness, or doubt, or snobbery, or a denial of insecurity, or a will to power, or even arrogant philosophy. Man in one way or another worships himself or some substitute for self. These substitutes may be money, reason, state, religion, or family. Whatever the "pride system" is, man is devoting himself constantly to the hidden purpose of setting up gods to which he gives his highest and best.

The contention of Christian theology is that man's basic problem is that he cannot accept his weakness and dependence. In the striking words of Karl Barth, "All man's will to live is from top to bottom, even if other elements seem also to play their part, an effort of some sort to magnify, to elevate, to extend our self, our little Ego." [13] It is because of this that he builds a shell around himself and insulates himself against the Creator, and even against his fellows.

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[10] *The Challenge of New Testament Ethics;* Macmillan and Co., Ltd., London, 1948, p. 32.

[11] *Ibid.,* p. 33.

[12] *De civ. Dei,* Book XIV, Ch. 13.

[13] *The Christian Life,* trans. J. S. McNab (2nd ed): Student Christian Movement Press, London, 1931, p. 51.

Although space does not allow it here, some interesting parallels can be drawn between the Christian concept of pride and the psychoanalytic understanding of the desire for omnipotence. The latter is developed especially well by Otto Fenichel in his *The Psychoanalytic Theory of Neurosis,* and by Karen Horney in her *Neurosis and Human Growth.*

A final word in this section of the discussion needs to be said about the Christian concept of freedom. Man resists both the efforts to reduce him to machine-like animal and the responsibility that true freedom brings. The truth seems to be that man is both free and determined. He is determined by nature and environment and by forces within his personality. His real problem is to discover how much he is free and to what extent he is determined. Without freedom there can be no moral responsibility. Only the braggart will assert that he is the master of his fate and the captain of his soul. But it is equally a state of sinful passivity for man to state that he can do nothing about his condition.

What Outler calls the "possession of freedom-in-finitude" seems to be the best description of man's exact state. Just how finite man is, varies from person to person and can be arrived at only in the flowing stream of actual experience. It is the belief of a Christian that he is most free when he is bound in allegiance to God. He does not know himself how much progress he can make. The whole meaning of grace and salvation is that he comes to know increasing responsibility the better he knows God, and that his bondage to sin is a false stopping place, unless he allows his life to be open to divine power and love.

It is here that psychotherapy, as the humanist practices it, and the theologian must part company. Even though both claim to be concerned with the whole person, their frames of reference are very different, especially with regard to the nature and destiny of man. David E. Roberts puts the divergence between these two viewpoints in one sentence: "So long as one assumes that odd bits of tinkering with one's character-structure may do the job, or that with a little more effort, a little more enlightenment, and a firm faith in man's goodness, everything will turn out all right, awareness of the need for faith in God's redemptive power will not arise."[14]

In conclusion we will look at how the concepts of sin and of sickness differ from each other.

Dr. Edith H. Weigert, in an article in *The Journal of Pastoral Care,* has suggested that the common denominator of both sinfulness and emotional illness is threefold: (1) both produce isolation—"an estrangement from the great binding energy that maintains personal integrity as well as the integration of a human being with his fellow creatures"; (2) their compulsive character; and (3) both produce guilt feelings and shame. [15]

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[14] *Psychotherapy and a Christian View of Man;* Charles Scribner's Sons, New York, 1950, p. 108.

[15] "Psychiatry and Sin," (Vol. 4 Spring-Summer, 1950), pp. 43-49.

I would take issue with the second and third of these especially. By its very definition, in a compulsion the individual feels the necessity for executing some act, and seems to obtain relief from carrying out the compulsive behavior. In the act of sin, if there is necessity there is no sin. Freedom must be posited as an underlying, inherent factor or there can be no human responsibility. It is true that as sin continues there is a bondage of the will, but unless we believe in the possibility of freedom, if only the freedom to turn to God for help, we make the judgment of sin an injustice of the basest sort.

Concerning the guilt and shame produced by mental illness, this is largely social and manwise. The guilt of sin is Godward. It is true, as Dr. Weigert points out, that many people accuse themselves in a false way. "The police courts are full of records of people who accuse themselves of crimes they have never committed. The wards of mental hospitals are full of patients who confess sins they have never committed."[16] But what about the guilt feelings which are true and realistic? These are the ones that the minister is concerned about. To affirm one's self as forgiven when he has not been is a gross misrepresentation and retards growth.

> There is a dimension in human wrongdoing which far exceeds ignorance and miscalculation. It is unfaith, irresponsibility, sin—and its bitter fruit is estrangement and separation from God and neighbor . . . Man never sins against himself alone—nor only against his neighbor and humanity. He sins against God—and for this he cannot forgive himself, nor be absolved by any other man. If man is to be reconciled to God—and to his fellows and his own true self—his sins must be dealt with, without indulgence and without true loss of real humanity. They must be forgiven by God.[17]

To summarize the similarities and the differences between sin and sickness I should like to make eight brief statements and give a slight enlargement upon the meaning of each.

1. *Sin and sickness may enter into and influence the same act.* An alcoholic may take his first drink because he turns away from God, but his binge follows because he is sick. An act of adultery may be caused by a man's unconscious fear that he is not very masculine, *and* because he chooses to transgress God's law. Examples could be multiplied. Only God knows our exact areas of responsibility, therefore only God can judge us accurately and justly. Of course, the individual must judge himself. And the counseling pastor, as well as the psychotherapist and the judge on his bench, will necessarily be involved in judging also.

2. *Sin may cause illness and illness may contribute to sin.* The child who does not choose Christ, or the morally acceptable way of life, may

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[16] *Ibid.*, p. 46.

[17] Albert C. Outler: *Psychotherapy and the Christian Message;* Harper & Bros., New York, 1954, pp. 234-235.

find later that his life is so involved in destructive forces that he cracks under the load. Similarly, illness may make one so bitter toward God and man that prayer is "more like talking to one's self." The schizophrenic, for example, has a hard time feeling close to God; and the person with a character neurosis experiences a very superficial kind of repentance, even if he turns to God in sincerity.

3. *Emotional illness may need to be treated before sin can be faced.* The boy who stole dimes, when asked if he ever prayed, replied that he did not. "Do you mean to say that you went through the fox holes of Italy and never called on God?" I asked. "Never." Then I said, "Tell me, when you were in service and had opportunities for sex escapades and drinking bouts, you say you never participated in them, what did you think about when you were faced with temptation?" His answer was, "I always said, 'What will my mother think?'" When his dependency upon his mother (fixed because of his unconscious hostility) was resolved, he turned to God in a responsible manner, and prayed aloud in my study.

4. *Anxiety and awareness are involved in both health and righteousness.* It has been shown that it is anxiety over the self that causes the neurotic or the psychotic to resort to defense mechanisms that do not work. Likewise it is the refusal of anxiety or the wrong use of it (perhaps even the misunderstanding of it) that causes the sinner to drift along in the cultural pattern and decline to accept freedom and responsibility under God. The psychotherapist seeks to lead the patient to become aware of unconscious material and the true meaning of his disturbances in interpersonal relations. The pastor tries to lead the sinner to become aware of the subterfuges he is using in running away from God and the means of reconciliation to God.

5. *Both sin and sickness involve intrapsychic problems and interpersonal disturbances.* "The desires of the flesh are against the Spirit, and the desires of the Spirit are against the flesh; for they are opposed to each other, to prevent you from doing what you would" (Gal. 5:17 RSV). "My conscious mind whole-heartedly endorses the Law, yet I observe an entirely different principle at work in my nature. This is in continual conflict with my conscious attitude, and makes me an unwilling prisoner of the law of sin and death" (Rom. 7:22-23 Phillips). I need not develop again the concept of inner conflict in emotional illnesses.

6. *Both sinners and sick people build defenses against anxiety.* In the case of the sinful, some of the defenses are: hypocrisy, much activity as a flight from self, stern self-discipline (what Outler calls the "rigid-normal"), criticism of others, brazen kicking-over-the-traces, excessive drinking, extreme kindness and politeness, submission to leaders, and many others.[18]

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[18] There could be a most valuable article written on the religious defense mechanisms of the sinner, both good ones and bad ones.

The defense mechanisms of the mentally ill range all the way from withdrawal to homicide. The interesting fact here is that often the defenses of the sinner and of the sick person are exactly the same. This constitutes a particularly delicate problem for the counseling pastor.

7. *The aim of both the psychotherapist and the minister is ego-strength.* R. S. Lee [19] has developed rather fully the difference between ego and super-ego religion. I have heard Dr. Karl Menninger say more than once that "religion aims at the ego." It is the goal of all true religion to lead the individual to self-direction under God. And, of course, the aim of every psychiatrist is that the patient shall be able to manage his own life, make his own decisions without too much discomfort, and grow toward maturity. Dr. William Menninger has said that one of the marks of emotional maturity is "the ability to deal constructively with reality at its worst."[20]

8. *Sometimes it is difficult to determine what part of the individual's behavior pattern is due to sin and what is due to illness.* This has already been referred to, but it is worth elaborating. It is the relatedness of the two that demand the collaboration of the psychiatrist and the minister. Sometimes a person needs to be referred to a psychiatrist for a diagnostic interview. Often both need the assistance of a clinical psychologist. And it is my contention, with pardonable bias, that the psychotherapist needs the assistance of the minister in helping the individual to attain maximal growth, happiness, and usefulness.

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[19] *Freud and Christianity;* A. A. Wyn, Inc., New York, 1949.

[20] The most interesting outline of what constitutes emotional maturity is in an article in *Pastoral Psychology* (April 1953), entitled "Tensions in Family Life."

THE CURE OF SOULS IN OUR DAY AND CULTURE

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It is necessary that we begin by attempting to characterize this day and culture in which the Church exercises her perennial task of the cure of souls. And by the cure of souls we mean the care of the whole man both in sickness and in health. Christianity knows nothing about the separation of soul and body.

On every hand we are confronted with the works of learned men seeking to analyze the times in which we live. Their work is skillfully done, but most of their endeavors lead to the dead-end streets of contradiction and paradox. This is called the machine age; but it is also the age of the personnel manager and the "do-it-yourself" trend. It is called the age of anxiety, the age of mental illness; but I have not yet seen a convincing comparison of the actual rate of diagnosed mental illness between past centuries and our own. It is called an anti-intellectual age, an age of group-mindedness and of conformity; yet the dissenting voices continue to be raised. It is called the post-Christian age; but it is also the age of religious revival.

Obviously it is a changing age, a time of hope and of promise, yet of threat and with the ominous cloud of total disaster hanging over it. If we would cure souls in our day, we must see that day accurately, steadily, and wholly, without the illusions of the fatuous optimist who sees things getting better year by year or the ecclesiastical pessimist with a vested theological interest in the *decay of a civilization.*

Obviously this is a confused, pressure-filled age. Almost everyone feels himself to be under pressure and that pressure falls with particular heaviness upon those responsible for serving, training, or leading people. It is also an age of specialization. This is true even in human relationships. Anyone charged with the task of serving or leading other people is under the pressure of the specialists, who know much more about many aspects of his

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work than he can ever claim to understand. Yes, the amateur, the general practitioner, often feels himself to be threatened by the experts.

Parents feel this pressure. They hear and read of the fateful effect of what they say and do upon the lives of their children, particularly in the period of the children's infancy. Often this expert advice is so contradictory and confusing that the parents are left bewildered and frustrated. Teachers also feel this pressure. How are they to prepare children to live adequately and creatively in the environment of today and at the same time comply with the demands of parents, tax payers, educational experts and critics?

I think that the clergy feel this pressure more than any other group in our society. This is because we stand at the place where so many vocations meet. Our work is compounded of the elements of many callings and each one of these callings has become infinitely more complicated within our memory.

Think for a moment of the different sorts of things a minister is expected to do well. He must lead people into the presence of the Eternal God as he conducts their worship. He must preach the Word of God with authentic conviction. Week after week he must stand in the pulpit and speak with assurance in the name of Christ, mediating his truth and his saving love. He must be an educator. The cure of souls demands the enlightenment of souls and there is almost universal agreement that the souls of American Christians have not been enlightened by the educational methods which have been practiced up to now in our churches.

His pastoral function has been immensely complicated in recent years. Conscientious pastors refuse to administer baptism to children without careful instruction of parents and god parents. They will not present candidates for confirmation or receive adults into church membership unless they have been carefully prepared and trained in the faith and the practices of the church into which they come.

Solemnizing marriages is no longer merely a matter of setting a time, examining the license, conducting a ceremony and then murmuring a few words of admonition and congratulations. This part of our ministry is now seen to demand a period of pastoral preparation, consisting at the least of an interview before the service takes place and at the best a careful, somewhat prolonged period of instruction on the nature and meaning of Christian marriage.

Counseling is no longer a matter of giving shrewd advice in a few minutes but of spending hours helping perplexed, troubled people work through their problems in confidence and faith.

Then there are the new insights associated with our ministry to the sick, to the dying, and to the bereaved. All of them make further demands upon the skill, the time, and the capacity of the pastor. He knows that

through all these pastoral services runs the issue of life and death, even of salvation and damnation. Under God he feels responsible.

Not only must the contemporary clergyman preach convincingly, teach wisely, and minister skillfully, he must also administer the institution in which all these things take place. He is required to be an executive and a promoter. Upon him falls the responsibility in large measure of securing the funds upon which not only his own living but the cure of the souls committed to his care rest. And in our day executive management, publicity, promotion, and advertising have become specialties in themselves.

Ministers often observe that lay people tend to identify their own vocations with the pastor's calling. Thus the doctor will think of his minister as a fellow healer. This is particularly true of doctors who specialize in mental and emotional disturbances. The teacher sees him as a fellow educator. And of course the executive and the promoter are inclined to judge him by how effective a salesman he is. "Your work is just like mine, only you are selling the most wonderful thing in the world," many of us have been assured time and time again. When a vestry or church board is considering whether or not to call a certain man as pastor of their church, the paramount question all too often is not "What does he believe?" nor necessarily "How well does he preach?" but "What has he done?" "Did he build up the church he is in now? Is he a good money-raiser?"

So the clergyman continues under pressure, a pressure that often gives him a sense of inadequacy and inferiority, for he knows that he does not possess the healing skill of a doctor, nor the educational facility of the teacher, nor often the aggressive traits of the successful salesman.

Inevitably, conflicts arise between the different areas of his ministry. How do you reconcile the prophetic and the priestly approaches to the cure of souls? How can one man speak in God's name to a congregation, confront his people with the awful demands of God's holiness and justice, with the divine judgment upon inadequacies and sinfulness of human nature, and at the same time accept his people with sympathy, understanding, and encouragement? Of course there is an answer in the Christian gospel of judgment and grace, but it is very difficult for one man to present all the facets of that gospel, particularly in its pastoral application, in a balanced and creative manner.

Can one man be both a counselor and a judge at the same time or in the same relationship? I am sure the psychiatrist would answer "No." And yet no matter how tactful or "non-directive" or patient or merciful we may be, we do stand for God's judgment in our total relationship to the lives of our people. P. T. Forsyth has written:

> As we learn more of the seriousness of the gospel for the human soul, we feel the more that every time we present it we are adding to the judgment of some as well as to the salvation of others. We are not like

> speakers who present a matter that men can freely take or leave, where they can agree or differ with us without moral results . . . The deeper and surer our gospel is, the more is our work a judgment on those to whom it is not a grace. This is what bore upon our Savior's own soul and darkened his very agony into an eclipse. That he who knew himself to be the salvation of his own people should by his very love become their doom. And here we watch and suffer with Him, however sleepily.

How are we to reconcile our responsibility of mediating the great historical tradition of our faith with caring for the immediate needs of people? The physician is under no compulsion to relate the cure of a present illness to the medical lore of ancient Greece or Palestine. He need not know anything about the way in which penicillin was discovered in order to use it effectively. But the pastor must have a working relationship between the gospels, the epistles of St. Paul, and the marital problems of the members of his congregation. In order to help people believe in the fulness of God's grace, he must know how the Christian community has wrestled with the problems of the will and grace over many centuries.

Theological seminaries are often criticized for their "antiquated curriculum," for requiring their students to spend so much time reading the New Testament in Greek or tracing the traditions of ancient Israel or becoming acquainted with the Apologists or the Apostolic Fathers or the history of the Reformation that insufficient time is left for acquiring the pastoral skills which we are discussing here. As the former head of a seminary department responsible for training men in these pastoral skills, I would assure you that I do not share in these criticisms, for I am certain that for a man to minister effectively today, to lead his people through the labyrinths of our own time, he must also know the truth of God as mediated through history and more especially in the great decisive acts of God in history.

The clergyman is also aware of a tension between his work as a pastor and as leader of a parish community. He is under the obligation of keeping the parish machinery going, to find voices for his choir, teachers for his Church School, workers in his organizations, visitors in the homes of his people, and solicitors of funds for the church budget. It is never easy to find as many people as he needs for these tasks, people who will take responsibility, who can work well with others who can themselves exercise imaginative and creative leadership. Therefore he is tempted to beat willing horses to death and to overload broad shoulders. Few pastors of small churches have not been faced with the problem of whether or not to ask a man to teach who is not prepared by training nor really equipped by temperament to communicate the Christian faith to children or to young people. Many a new convert has had his enthusiasm dampened and his spirit soured by being given too much responsibility far too soon in the life of the parish into which he has come. Still, the work of the church must go on and where is the parson to find his assistance?

These problems and tensions create deadly perils for the pastoral office. No man can be outstandingly successful in all the areas of this work. Therefore, he finds himself open to fault-finding and criticism on the part of his people accompanied by a sense of failure within himself. Relatively few laymen have the insight to say, as did the member of a certain church not long ago, when the faults of her pastor were being discussed, "Yes, but we expect too much. No one man can do all these things well."

There is the peril of being successful with superficialities, of finding that patent medicine sells and so going on to promote it; promising an easy peace of mind, healing the hurt of people lightly, treating symptoms rather than illness; giving easy reassurance to those who need to lay bare their deepest guilt; crying "Peace, Peace," when there is no peace. There is the danger of hitting only the high spots, or rushing around with grease for squeaky wheels, with talcum powder for raw feelings, of living spiritually from hand to mouth, and from crisis to crisis.

We have dwelt upon the problems and the dangers. But I would not have you think that the picture is discouraging. I feel sure that in spite of all the problems and all the pressures, the parish ministers of our country are doing far better work than did their predecessors in this profession for many generations if not for many centuries. I am sure that they have a broader understanding of the nature of the pastoral office, or human personality, and of the resources for ministering to people both in their needs and in their joys, an understanding greater probably than ever before in the history of Christendom.

What are some of these encouraging signs? First, there is a new concept of the Christian community, a renewed awareness of the Church as the family of God. Partly this has come as a by-product of the great ecumenical movement of the twentieth century faced with the necessity of spelling out again the doctrine of the Church. It has also risen as a result of the Church's awareness of being a community set over against the world in many parts of the earth.

This renewed stress upon the Church as a community has probably lessened the long deep-seated tendency among American Protestants to depend upon individual ministers for their religious guidance and direction. This trend is easily observable in other professions. The physician who is a general practitioner has by no means given way to the specialist but almost invariably he calls in a specialist to share in the care of his patients. In many places the family doctor has been replaced by the clinic where a group of physicians know and treat the same patients. Now parallels to this situation exist in the large city church with a number of ministers, each with a particular responsibility, and with the work of each integrated into a total program. Perhaps it is also seen in the trend toward shorter pastorates than was often the case in the past. Rarely does a clergyman settle

down in a parish to shepherd its people over a decade or even a quarter of a century. May not the basic reason for this be that with the growth and the variety of functions required in ministers no one clergyman can meet a congregation's needs over too long a period of time, and that in most cases it may be best for him to make the particular contribution indicated by his interests and talents and then give place to someone else whose principal resources lie in some other direction? Certainly the concept of the Church as a community does not easily square with the undue dependence of a congregation upon any one leader.

But the concept of the Church as community goes beyond the notion of the best employment of the talents of its ordained ministers. It has resulted in a growing reaffirmation of what is called the doctrine of the priesthood of the laity, or the priesthood of all believers. Christians have realized that they cannot depend only, or even chiefly, upon the ordained ministry for the carrying on of the work of Christ. Much of this work must be put into the hands of lay people and delegated in a different spirit and in a different attitude than that of the parish minister who rushes around frantically seeking help for the housekeeping chores of the congregation, or even its minor pedagogical and organizational functions.

So, all over the world there have grown up small groups, even cells, of committed lay Christians undertaking much of the evangelistic work of the Church. In fact, laymen who understand their faith make better missionaries and evangelists than do the clergy, for their work is free of any taint of remunerative professionalism. Indeed the most vital work of the clergy in the immediate future may well be this recruiting, encouraging and training of such small cell-groups.

This trend toward growing lay participation in the work of the church is taking many fascinating specific forms. One is in the area of religious education. The days of the traditional Sunday School, that anomalous institution to which parents all too often casually send their children rather than taking them, are numbered. The educational programs of a number of the leading denominations assume and demand the cooperation of parents in the training of their children. These programs realistically assume that what the Church can accomplish with young people in the face of parental hostility or even indifference is tragically limited. Therefore they are geared to family life and to the pastoral care of men and women from birth to death. Instead of "concentrating on the children because the adults are too old to influence," they begin with the education of adults, particularly of the parents, who must always be the child's principal teachers.

There was the rector of an Episcopal Church who was intensely concerned about the preparation of the parents in his parish for the birth and baptism of their children. He knew that he did not have the time to give each of these couples the necessary training for their role as Christian parents. So he selected a group of men in this church. They came from

all walks of life and possessed different degrees of education. What they had in common was an understanding of people and a desire to help them acquire Christian understanding. He gave these men a training course designed to equip them to act as counselors and friends to parents expecting the birth of children. When a child was expected in a family, one of these trained layman would go to the prospective parents with an offer to help train them for the baptism of their child. Thus the spiritual preparation for the baby's birth was carried on along with the physical and financial preparations. Then the rector of the parish would give the final instruction after the birth of the child.

This same man developed a similar scheme in the preparation of couples for marriage. He had come to realize that he could not give the number of hours needed to each couple in their training for Holy Matrimony. His first step in securing help was to enlist the services of a doctor who had recently retired from a busy practice and who now had time on his hands. He asked this physician to take over the instruction on the sexual side of marriage. The doctor was glad to do it and soon he found himself visiting the parish church to pray for the young men and women with whom he was coming in contact. Then the rector enlisted the services of a business man to discuss economic matters with each couple. Then a woman of the parish was recruited to help them understand the difference between a wife and a Christian wife. A team ministry was developed with the rector summarizing and tying together all that the others had done.

It is along these lines that the church must re-think her ministry and parishes re-evaluate their programs for the cure of souls in our time.

In addition to this revitalized concept of the Christian community, clergy and lay leaders are learning to prize the resources available for the cure of souls in the so-called secular community, outside the organized church. Here is a vast reservoir of insight and good will created by the work of educators, social workers, psychiatrists; in fact all the "helping" professions.

It has been well said that all work done by Christians is or should be Christian work whether or not it is carried on under the egis of the church. How tragic are such remarks as "He gave up his business to go into Christian work." Just what was "he" doing before? If all work done by Christians is Christian work, so all work done in truth and in love is Christian work, even though the face of Christ be hidden to those who are doing it. For neither the truth of Christ nor the love of Christ can be divided and no work carried on in genuine mercy and understanding can be rightfully characterized as "purely humanistic."

Two decades ago, with a number of fellow theological students, I visited a clinic maintained by a Jewish doctor who was a famous specialist on disorders of the endocrine glands. This doctor told us about his work and gave

some striking examples of people who were cured of mental and emotional disorders by remedying glandular deficiencies. He told of one small boy whose tendency towards stealing had been caused by an abnormal appetite and how that appetite had been reduced to normal proportions so that the boy became a well-adjusted member of society.

After the doctor's address, one of the students asked, "Where does God come in?" The question impressed me as foolish, even blasphemous. I still think so. How can anyone see God's work being carried out and then ask where he "comes in?" God does not put his signature on much of his most wonderful work. Need we put the signature of the Church on all the work of Christ that has flowed out into our society?

One will grant that there are many problems in theology to be resolved between the work of the Church and the practices of psychiatry, some types of medicine, some methods of education and the field of social work. Pending and during such resolution we can certainly develop, indeed are developing, a working alliance. It can be made into an increasingly Christian alliance.

What is the Church's distinctive contribution in the creation of this Christian alliance and understanding? The first is to provide an eternal perspective. We need to remind men who are seeking adjustment to life and to society that it will be an adjustment built upon the sand save as it includes adjustment to the deepest reality, and is gathered up in God, the ground of all reality. For there is a hunger in the human heart that no love and no fulfillment in this world can satisfy. In the words of St. Augustine, "Thou hast made us for thyself and our souls are restless until they find their rest in thee."

With all the healing professions we are concerned with mental health. Mental health for what? In order that we may offer that health in the service of God, in loving gratitude for his mighty healing forces in the universe. I have often wished that it were possible to know more about the people who have been cured at famous shrines or at healing services conducted by those who apparently possessed the power to cure in some remarkable, unexplained way. Would we find that their whole lives had been healed, or would they be just as self-centered as ever?

Then this eternal perspective would stress the objectivity of truth. I am sure that when we inquire how well a person is adjusted, when we look at people's motives and ask why they think as they think and believe as they believe, we can easily overlook objective truth. We can ignore the question of whether what they think and believe is true or false. It is all very well to ask why a man believes in God, to go back into his childhood and help him discover the reasons why he trusted or mistrusted life and how these attitudes are reflected in his thinking about God. But beyond such questions are the most important ones of God's actual existence, his

character and his reality. How completely can you help a man about his beliefs unless you have some conviction, or at least imaginative understanding about those beliefs?

In her work of pastoral care, the Church must always serve as a corrective to the dangers, the errors, and the false emphases in the culture of the day. Our culture tends to emphasize adjustment at the expense of truth. Perhaps our culture is coming to emphasize the group at the expense of the individual. Even this wholesome tendency to regard the Church as the family of God must be balanced by a continuing stress upon the responsibility of the individual soul before God, upon the fact that the way into the Kingdom of Heaven is so narrow that only one can enter at a time.

In his novel, *East of Eden,* John Steinbeck has written:

> Our species is the only creative species, and it has only one creative instrument, the individual mind and spirit of a man. Nothing was ever created by two men. There are no good collaborations, whether in music, in art, in poetry, in mathematics, in philosophy. Once the miracle of creation has taken place, the group can build and extend it, but the group never invents anything. The preciousness lies in the lonely mind of man.

The community of the Church and the work of her ministry must always be largely concerned with the preciousness that lies in the lonely mind of a man. We know more than ever about this mind, of how complex it is, how greatly at the mercy of emotion which it does not understand, how dominated by unconscious forces over which it has so little control. In his poem, "In Memory of Sigmund Freud," W. H. Auden writes:

> . . . he went his way,
> Down among the Lost People like Dante, down
> To the stinking fosse where the injured
> Lead the ugly life of the rejected
> And showed us what evil is: not as we thought
> Deeds that must be punished, but our lack of faith.

In our ministry we must go down with our people, down with them in order that they may be raised to be sons of God and heirs of eternal life. Most important of all, we must assure people that they are objects of the love of God, must help them understand what we mean theologically by Justification by Faith, that no one can earn his way with God and that we must receive his Love before we can give it. Surely those who carry the greatest burdens of guilt and resentment and fear are those who feel that somehow they must earn their way with God and prove their virtue before men. We need to assist our people in their own ways to recapitulate St. Paul's experience of what he writes in the Epistle to the Romans:

> Wretched man that I am Who will deliver me from this body of death? Thanks be to God through Jesus Christ Our Lord . . . There is therefore now no condemnation for those who are in Christ Jesus For the law of

the Spirit of Life in Christ Jesus has set me free from the law of sin and death.

Here is the answer to our people's needs and here is the answer to our own awful sense of inadequacy in the cure of souls, in the face of pressures that we cannot handle, in the awareness of our continual failures. It is the confidence that this is God's work and not ours. It is the assurance that God expects of us only our best and that he will cover for the rest. In the wonderful words of Karl Barth we are delivered from "the dreadful godless ridiculous opinion that man is the Atlas who is destined to bear the dome of heaven on his shoulders."

On March 4, 1865, a woman in Hamilton, Massachusetts, wrote a letter to Abraham Lincoln. It was written on the day of the Second Inaugural of the man who had learned to do his best and leave the rest to God. The letter follows:

> I only wish to thank you for being so good—and to say how sorry we all are that you must have four years more of this terrible toil. But remember what a triumph it is for the right, what a blessing to the country—and then your rest shall be glorious when it does come!
>
> You can't tell anything about it in Washington where they make a noise on the slightest provocation—
>
> But if you had been in this little speck of a village this morning and heard the soft, sweet music of the unseen bells rippling through the morning silence from every quarter of the far-off horizon, you would have better known what your name is to this nation.
>
> May God help you in the future as he has helped you in the past; and a people's love and gratitude will be but a small portion of your exceeding great reward.

May God help us now as he always helped those who would cure the souls of his people. Their love and gratitude will be but one small portion of our exceeding great reward.

A SURVEY OF TEN YEARS OF CLINICAL PASTORAL TRAINING AT SAINT ELIZABETHS HOSPITAL[1]

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The modern clinical pastoral training movement is due almost entirely to the genius of one man: the Reverend Anton T. Boisen, at present Chaplain Emeritus at Elgin State Hospital in Elgin, Illinois. Like his contemporary, Clifford Beers, his experiences as a mentally ill patient in a state hospital pointed up for him a major human need. For Boisen it was in the realm of theological education. When he was released from the hospital, he had two educational goals in mind: to make a clinically trained religious ministry available to the mentally ill; and to provide clergymen and theological students with a first-hand experience in working with people who have major problems in living. Since its beginning in 1925, clinical pastoral training, centered about these two goals, has begun to make a revolutionary impact on theological education. It has supplemented the minister's classroom preparation by exposing him to "the living human document."

Clinical pastoral training at Saint Elizabeths Hospital began in 1945. Up to June of 1955, 140 students had been in clinical training programs over the period of ten years. The Centennial Year of 1955, after ten years of clinical pastoral training, seemed an appropriate time to evaluate the training experience as it is offered at this hospital.

Obviously, there are many facets of the training programs that present themselves for evaluation: the meaning of training to the students; the effect on the patients; the value to the community; the relationship to theological education; its place in the over-all hospital scheme. We felt

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[1] Funds for this survey were provided through private contributions from a number of individuals and organizations interested in the field.

[2] We are deeply indebted to Dr. Katharine Pease Beardsley, Psychology Resident at Saint Elizabeths Hospital and Instructor at American University, whose expert guidance was indispensable to the survey. We are also grateful to Dr. Beardsley and the Rev. Edward F. Dobihal (an advanced clinical pastoral training student in his second year of resident training, a candidate for a doctorate in pastoral theology at Drew University, and an accredited Acting Chaplain Supervisor) for the many hours they devoted to collaboration and verification in categorizing the responses to the questionnaires. We appreciate the generous assistance of Dr. Hans H. Strupp, research psychologist with George Washington University, in the preparation of the questionnaire.

the initial approach for such an evaluation should be through the effect on the student, with particular emphasis on his professional and personal development, and his pastoral work. For the purpose of the study, it was assumed that the most enlightening evaluation would come from the students themselves. A conference was called of those clinical pastoral training students now in the Washington area, and out of this conference a comprehensive questionnaire was prepared and sent to every graduate of clinical pastoral training at Saint Elizabeths Hospital.

Before reporting some of the results of this survey, it might be well to describe briefly what is meant by "clinical pastoral training": its objectives, its methodology, and who the students are.

> Clinical pastoral training can be termed a supervised experience which provides theological students and clergymen with opportunities for intensive clinical study of problems in interpersonal relationships. It seeks to make clear, in understanding and practice, the resources, methods, and meanings of religion as these are expressed through pastoral care.[1]

As conceived at Saint Elizabeths, our objectives are to help the student become acquainted with the mentally ill patient; to learn something about mental illness—its theory, problems, and management; and to evaluate the relationship between religion and psychiatry and the pastor's role in relation to the mentally ill. A formal program of training is offered to a group of students at least once a year, usually in the summer. Such a program runs for twelve weeks and usually contains twelve beginning students. The students spend eight hours a day, at least five days a week, in the hospital for those twelve weeks.[2] There must always be one accredited, clinically trained Chaplain Supervisor for every six students. Since Saint Elizabeths is a training center for mental hospital chaplains and for potential Chaplain Supervisors seeking accreditation from the Council for Clinical Training, we usually have advanced students in training throughout the year, but in a less structured program.

The course includes extensive interviewing of patients, participation and preaching in the worship activities of the hospital, attendance at general staff conferences, lectures, seminars, etc., observation of therapies, participation in some of the training activities of the psychiatric residents, at least one private conference with the Chaplain Supervisor each week,

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[1] Bruder, Ernest E., "Clinical Pastoral Training as a Hospital Medium in Public Relations," *Pastoral Psychology,* Vol. 4, No. 38 (Nov. 1953) p. 27.

[2] Clinical pastoral training as reported on in this survey is not to be confused with the community clergy part-time course on "The Pastoral Care of the Mentally Ill," which is offered once each year and runs for twelve weeks, meeting one-half day each week. The community clergy program has been given seven different times to a total of approximately sixty clergymen, and it is hoped that a report on this program can be presented in the near future. It has been mentioned in the article "Clinical Pastoral Training as a Hospital Medium in Public Relations," *Pastoral Psychology,* November, 1953, and should only be considered as an introduction to clinical pastoral training.

lectures from staff chaplains on specific aspects of mental hospital chaplaincy, lectures from staff physicians on the dynamics of mental illness, and two informal weekly seminars with the total pastoral training group on their concerns while in the hospital program.

Students, to be eligible, must have completed at least one year in a recognized theological seminary. This means that they will already have completed a university undergraduate degree program. Many students have completed seminary training and are ordained clergymen. Students are carefully screened before being accepted for training with the stresses peculiar to an intensive period of training in a mental hospital considered in relation to the student. Also, students for a group program are deliberately selected to provide a variety of seminaries and denominations with opportunities for this experience, and hence ecumenicity is an important factor in the training program.

Students have represented thirteen different Protestant denominations. Roman Catholic priests have participated in the psychiatric aspects of the program; i.e., the lectures and didactic seminars, etc., but the supervisor of all pastoral contacts or religious material was provided by the Roman Catholic chaplain. The Roman Catholic priests who have had clinical pastoral training at Saint Elizabeths Hospital did not participate in the highly personal aspects of the program reported on in this paper, nor were they supervised by accredited Chaplain Supervisors according to the standards of the Council for Clinical Training, Inc. Of the four priests who spent at least three months in training, three replied to the questionnaire and two are included in the tabulated results reported on in this study.

Report of the Survey

The questionnaire contained fifty questions, some of which could be answered by checking a multiple choice, and some of which were open-ended. Comments were invited for all appropriate questions, whether a multiple choice was offered or not. An attempt was made for as comprehensive a coverage as possible, within practical limitations, of the student's professional and personal development, and his pastoral work, as they were related to his clinical training at Saint Elizabeths Hospital.

Of the 139 questionnaires mailed (one student has died), 122, or 88 per cent, were returned before the tabulations were closed. Three more have been received since then, and one graduate is known to be inaccessible (in a Chinese Communist prison camp). Two programs, the summer of 1950 with 13 students and the summer of 1954 with ten students, gave us 100-per-cent return. Questionnaires were sent to and returned from Alaska, Japan, Ireland, England, Australia, and Canada, as well as all parts of the United States. Although students were invited to respond anonymously if they wished, only one responder failed to sign his name to his questionnaire. This unusually high return on a ten-page questionnaire,

dealing with highly personal material and requiring considerable thought and time to respond, is of itself significant.

In such a comprehensive and involved survey as this has been, we can only hope to touch briefly on a few aspects brought to light which we felt would be of particular interest to this group. [3]

Attitudes toward Training

In any intensive clinical training experience, the attitude the student brings to the experience is of vital importance in determining the benefits he will obtain. Since 60 per cent of our students have come from a single seminary which requires clinical training for graduation, [4] we asked the question, "If clinical pastoral training was required by your seminary, how did you feel about the requirement at the time you took your training?" Of those who answered this question, 88 per cent checked that they agreed or strongly agreed with the requirement. Only six objected, and five felt indifferent. The tone of the comments which were volunteered ranged from enthusiastic, such as, "The required summer of clinical training was one of the things that influenced my going to Virginia Seminary," to resistive, as evidenced by the objector who said, "I could have gone abroad with expenses paid." A substantial majority indicated receptiveness in their comments, but some who had checked "agreed" or even "strongly agreed" offered a comment indicating apprehension or resistance. A comment from a single student embodies within it the confused feelings which apparently many students felt about the requirement: "I accepted the seminary's judgment that it was valuable. I noted the enthusiasm of many who had previously taken the training. I was eager to do it myself though also frightened at the prospect. I had heard adverse comments from some former students."

Among the reasons given for a favorable attitude were: expected personal benefits, a desire to learn about people, general curiosity, and seminary promotion of the program. Apprehension or resistance seemed to center in distrust of the program or the supervisors, and, by implication, of psychiatry; inconvenience financially or from disrupted summer plans; and resistance to the requirement as such.

Those who came to clinical training from seminaries not requiring it can be assumed to have a favorable attitude, since they must take the initiative in enrolling and often come at considerable inconvenience and financial hardship. This group was asked to state why they enrolled for clinical training, and the largest category of answers was in the area of vocational training. This might be expected, since all advanced students

[3] The complete report on this survey will be available after June 15, 1956, and may be obtained by writing to the Rev. Ernest E. Bruder, Coordinator, Chaplain Services Branch, Saint Elizabeths Hospital, Washington 20, D. C.

[4] Eighty-four of the 140 students were from the Protestant Episcopal Seminary in Virginia, and, of these, 76 replied to the questionnaire.

would fall into this group. The next largest category of answers indicated that those who gave these answers had come on the direct recommendation of other people. The remainder of the answers fell into the categories of desiring supervised experience in dealing with human problems, help in understanding personality dynamics, help in understanding themselves, and as an adjunct to their seminary training.

We also asked the question, "How do you feel now about a seminary requiring that a student take clinical pastoral training?" It is of interest that almost everyone who responded answered this question, although by implication it was directed only at those who had been required to take training. Of those who answered, 91 per cent agreed or strongly agreed that clinical training should be required by the seminary. Most often mentioned in the comments was the need to balance the intellectual and academic atmosphere of the seminary with first-hand personal experience. One comment illustrates graphically the feeling of many students who go into the parish ministry after clinical pastoral training: "I have been profoundly shocked by the way some clergy I have seen have *handled* hospital calls, etc. These men who had not had clinical training showed a lack of sensibility, tact, and understanding of the patient which was dumbfounding."

Almost all of those who object to the requirement now were not required to take training in the first place, and, for the most part, their objections are based on the assumption that the requirement will create a negative bias in the student. However, of those students who were required to take training, only two remained consistent in their objection to the requirement and did not offer a reason for their objection. One student who switched from "agreed" when he took his training to "indifferent" now, agreed with the requirement in principle, but doubts the competency of all the training centers to which a student may be assigned.

To the question, "If you had it to do over, would you take clinical pastoral training?", the response was overwhelmingly that they definitely would. In the comments to a later question dealing with attitude toward training, some felt that clinical training might be too traumatic for some students, but a number of others stated that a student who was a risk for clinical training should not be in the ministry at all.

Vocational Attitudes

The students were asked whether their clinical training had had any effect on their choice of vocation and specialty within that vocation, and 68 per cent indicated that it did. Asked whether the effect had been constructive, 100 per cent answered "yes," including those whose decision to leave the ministry had been influenced by their training experience. Most of the comments were in the area of clarifying their personal motives, defining the ministerial role through personal experience, and giving their concept of the ministry real meaning.

A large section of the questionnaire dealt with clinical pastoral training's effect on various specific aspects of their ministry. On each of these questions, the choice was offered: "Very favorable effect, favorable effect, no effect, adverse effect, or very adverse effect." The responses were overwhelmingly "very favorable" or "favorable," in most cases no checks at all for "adverse" or "very adverse." Its effect on their pastoral ministry considered as a whole was in broadening their concept of the ministry, help in understanding people, and influencing the areas of emphasis in their work.

Their comments regarding the effect on their pastoral counseling clustered around the often repeated statement, "I learned to listen," and indicated its value in making them aware of their limitations.

In their preaching, the comment appearing most often was, "I learned to preach to the needs of people."

The effect on their community mental health activities seemed to be largely dependent on the type of community. Many of those who checked that clinical training had had no effect on their community mental health activities commented that there were none in their community. Of those who were participating in such activities, many indicated that clinical training encourages such activities, and some stated that they had taken the initiative in organizing them. A number find it easier to work with a team, can communicate better, and can better understand the human problems with which they are called upon to deal.

In regard to vocational attitudes, it should be noted that 38 per cent of the 122 replying to the survey had had psychotherapy. Most of these entered into therapy during or following their clinical training, but quite a few have come to us after beginning their therapy. This will be dealt with again under "Personality Development."

One of the concerns of older clergy and trustees of seminary boards is that there is real danger in being exposed to clinical training, lest the student "substitute psychiatry and psychotherapy for the Word and the Sacrament." Hence, just this question was included in the questionnaire. Only 16 per cent of those who responded "agreed" or "strongly agreed." A few were undecided. The remaining 80 per cent disagreed or "strongly disagreed." Comments on this question ranged from the opinion, stated more or less politely, that it was an ambiguous question impossible to answer, to statements that the Word and the Sacrament are communicated experientially through psychiatry. Of those who "agreed" with the statement, most seemed to feel that it depended on the student or the supervisor. The implication was clear from the comments that the majority of the students became much less defensive about their own role in relationship to that of the psychiatrist, and were able to see more clearly the uniqueness of what they had to offer in their ministry to people.

Thirteen of the 122 responding to the questionnaire have left the ministry, scattering into eleven different occupations ranging from automobile

salesman to physicist. The only repeated occupation is social worker, of which there are three. Half of these stated that clinical training had had more than a little to do with their decision to leave the ministry. National figures on the number of students who leave the ministry after entering seminary are not available, but it is believed that they are considerably higher.

Although the great majority of students who come to us for training intend to enter the pastoral ministry, the survey shows that 18 per cent of those now in the ministry, or 20 out of 109, are in institutional chaplaincy work throughout the country. Most of these were introduced to this phase of the ministry through clinical training. Thirteen of the 122 have continued their training to qualify as Chaplain Supervisors for accreditation by the Council for Clinical Training. It might be noted that three of our Protestant staff chaplains, past and present, received their clinical training at Saint Elizabeths, and all are accredited for training supervision by the Council.

Personality Development

While the objectives of clinical pastoral training are to make a clinically trained religious ministry available, especially to the mentally ill, and to provide clergy with a first-hand experience in working with people, an unavoidable by-product is self-observation, or awareness of his own interpersonal relations, on the part of the student.[5] The question was asked, "How much effect, favorable or unfavorable, does clinical pastoral training have on your self-understanding?" This question is obviously heavily loaded, and we might expect the 99-per-cent response under "favorable" or "very favorable." However, in the *volunteered* comments, 19 per cent stated that clinical training had *started* the process of self-awareness, and another 7 per cent stated it had made them feel the need for psychotherapy. It is highly significant that 30 per cent of the total number of students responding felt a sufficient need for therapy to enter into it during or following clinical training, and the large majority of these stated that their training had had more than a little to do with their decision. Asked how much help their therapy had been to them, 89 per cent felt it had been a fair amount or a great deal of help. These men offered such comments as: "fruitful and critical," "third dimensional," "clarified interpersonal relations," "cleared away roadblocks," etc. Of the few who felt their therapy had been of little or no help, only three offered comments. One felt it was too early in the process to answer the question; another felt that his psychotherapy had played only a small role in his maturation process and had been

[5] We have defined self-observation for this paper as the conscious attention by an individual to his own behavior, particularly in relation to other people. There is considerable interest in a project, growing out of this study, to attempt to define what students and clinical training supervisors mean by the term "self-awareness" and similar concepts; and to investigate the validity of students' claims that "self-awareness" in interpersonal relations is the most significant contribution of clinical pastoral training to their professional and personal development.

expensive; and the third had not clicked with his analyst and was not accepted for treatment by the analyst of his choice.

In the question asking them to relate clinical training to their understanding of interpersonal relations, 98 per cent stated that the effect was favorable or very favorable, and 31 per cent of the volunteered comments mentioned specific concerns in relationships where clinical training had been helpful.

In answer to the open-ended question, "What is the most outstanding impression in your mind of your clinical pastoral training experience?", 54 per cent of the responses were in terms of themselves, or themselves in relation to others. We have selected a few typical comments to illustrate the large majority of responses to this question: "My therapist said I had grown five years during the summer." "That quick and critical look at myself and the ways I related to others that so upset me for a while. And thank God I continued upset for enough time to work out of those patterns so long formed, and master them rather than be mastered by them." "Devastation. There was and still is a wide variance between what I'd like to be and what I am." "The knowledge of myself as a lonely person amongst other lonely people." "A shattering of my rigidity and judgmental attitude and values." "Shades of grey as compared with blacks and whites." "A group in which to be 'at home.'" "The feeling of anxiety I had in being restricted and lacking freedom to cope with the tight interpersonal situation." "Finding a sense of emotional freedom from unfounded fears and misgivings, and with it the ability to live more comfortably with my family and self." "Excitement, followed by 'indigestion.'" "It opened the door to a new world." "An impression of discovering an indestructible element of humanity in the mentally ill." "I discovered who I *was!* And—the meaning of acceptance."

Again, in answer to the question, "What things in the program, as you knew it, have been most helpful?", a majority answered in the area of opportunities for self-awareness or the interpersonal relations aspects. In addition, of those responses naming specific program aspects, a high percentage mentioned those activities, such as psychodrama and seminars, which are highly charged interpersonal situations as conducted for the training group. It is significant that, of those who mentioned the interpersonal relations, by far the largest number felt the most helpful relationships had been those with patients.

It is interesting to note that, in the question asking what had been least helpful, only 4 per cent made any mention of interpersonal relationships, and all of these responses referred to relationships most often mentioned by others as being most helpful, such as the relationships with patients, supervisors, and fellow students.

Concern about self-observation and understanding interpersonal relations permeates the response to almost all of the survey's fifty questions.

Answers to the questions asking for an explanation of any other major changes in their personal life to which their training experience contributed, either directly or indirectly, were almost entirely in the area of personality development. One student seemed to sum up the general feeling with his comment, "You name it, and it's been changed!"

The predominance of direct references to self-observation and interpersonal relations in such open-ended questions is a clear indication that the programs not only provide opportunities in these two areas, but that they are the most important aspects of the program. This conclusion is emphasized when we consider the large variety of responses that could be made to such questions from a highly structured program with much time devoted to lectures, seminars, conferences, observations of therapies, etc.

Since self-observation is prerequisite to understanding interpersonal relations, and most of those who responded are in the parish ministry where understanding of interpersonal relations is vital to effective functioning, it is gratifying that the responses are so heavily weighted in this area of their life and work.

Recommendations

It would be valuable to correlate questionnaires with the training records of particular students. A cross-analysis of the completed questionnaire with the pre-training screening interview, notes on supervisor-student conferences, the post-training self-evaluation by the student and supervisor's evaluation, and transcripts of the "Group Concerns Seminars" should shed further light on the ways in which the opportunities for self-observation and understanding of interpersonal relations present themselves, and how best to deal with these aspects for maximum benefit to the student.

A number of problems for investigation have presented themselves out of the survey and the body of material collected through the years of clinical training programs at Saint Elizabeths Hospital. Among these are: (1) to define the meaning, objectives, and methodology of clinical pastoral training; (2) to evaluate the effect of the training experience on the individual student; (3) to investigate the group process in an intensive clinical experience; (4) to evaluate the place of clinical training in theological education; (5) to differentiate between separate training programs and their respective merits and defects; (6) to investigate peripheral concerns related to and affecting the training process, such as attitudes toward training, seminary preparation for training, screening techniques, post-training integration, etc.; (7) to evaluate clinical pastoral training's place in preventive psychiatry; (8) to evaluate clinical pastoral training's contribution to a religious ministry to the mentally ill and to pastoral counseling; (9) to clarify the respective functions of the clergyman and the psychiatrist; (10) to define the meaning of "self-awareness" and to investigate the validity of students' claims that "self-awareness" in interpersonal relations is the most significant contribution of clinical pastoral training to their professional and personal development.

SHOULD A PATIENT BE TOLD OF THE SERIOUSNESS OF HIS ILLNESS?

RABBI ROBERT L. KATZ

Coordinator of the Department of Human Relations and Director of Admissions and Field Work at Hebrew Union College—Jewish Institute of Religion, Cincinnati, Ohio

A Rabbi Asks

What does a rabbi do when he is asked by a member of his congregation regarding the advisability of telling a seriously ill patient that he has cancer? In the experience I recently had, I was not asked for advice directly but a member of the congregation put it this way: "Rabbi, do you think I did right in not telling my mother that she is dying of cancer?" My conversation with this member began after dinner one evening when I was a guest in his home. We happened to be alone and Mr. J. had asked if he might talk to me about a personal problem.

Mr. J. had told me that his mother had been ailing for some time. I had known this previously. What I had not known until this conversation was that Mr. J. had taken his mother to the hospital about a month before, that an exploratory operation had been held, and that the physicians had decided that the condition was so advanced that there was absolutely no hope and that it was only a matter of months or even weeks before the end.

I learned from Mr. J. that the family doctor himself had no definite opinion on the question of whether or not to tell the mother. In reply to my question, Mr. J. said that, to the best of his knowledge, his mother was unaware of the diagnosis of cancer. She has been in ill health and has had many contacts with doctors and specialists. She is seventy years old. What I wonder about is what you can do in a situation like this, when either way you feel obliged to respond to Mr. J.'s question. It does seem to touch on religious ethics, since he asked me if he "had done the right thing."

I want to add that I have been rabbi of this congregation for many years, that I know the J. family intimately. I have Mr. J.'s children in my religious school. I officiated seven years ago at the funeral of Mr. J.'s father, who had died of complications following an automobile accident. Incidentally, Mr. J. is an only child.

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A Physician Answers

As a young physician making rounds with one of my teachers, I noted how unsatisfactory it was to see the cancer patient each day and not to know what to do or say. Quoting an earlier physician, my older colleague said: "At times we may cure, often we can relieve, but we can always bring hope." Many cancer patients know they have the dread disease without being told; most of them know how inevitable the outcome is. Many seem to deny it in a psychological sense and hope that a new drug or a new approach might be helpful, or that perhaps the doctor is not correct in his diagnosis. One should indicate that the patient may be correct, although mistaken diagnoses are now relatively infrequent with the numerous diagnostic aids available. Certainly new drugs and methods (surgical, X-ray, and nuclear) have prolonged many lives, turning a hopeless medical problem into the brightness of life and usefulness.

As physicians, we must always try "to do something" for the patient because nothing is as hopelessly final as hearing that "nothing can be done." These are the problems of the physician which must be clarified before getting to the point where a rabbi is brought face to face with the situation. It is helpful for everyone if the rabbi has a conference with the physician to determine the nature and extent of the disease, what the patient and his family already know, and what the medical objectives are. The rabbi should also be made aware of the prognosis of the disease. Many patients with cancer promptly and successfully treated will have an excellent prognosis and will have good years ahead, often living to an average or even old age. Some types of the disease may allow for several years of comfortable living before taking a turn for the worse. In the early stages, with adequate treatment, the prognosis may happily be excellent. If there has been a spread of the disease, the prognosis as to length of life may not be determined for years after the onset.

I have been impressed with the observation that patients with deep religious faith seem to take serious medical news about themselves with some degree of equanimity. Most of us do not know how we ourselves will react to such circumstances. Our response is an anxiety that all men have when they find themselves in dangerous or serious situations. No doubt the prayer for courage and understanding is to help us meet the problems of living and dying. All of us have known the older individual who has become philosophical and who meets and accepts his problems with serenity. We have all had the problem of an inconsolable young person who has lost a dear one, or who senses that he himself is going to die.

Perhaps one role of the rabbi is to reawaken faith in a person to fortify him when he recognizes that he has a fatal illness. My own feeling is that the vast majority of patients do not really wish to know that they have cancer, although they may protest that they must know because their

affairs must be put in order, or for many other reasons. I feel that reassurance and hope, with something, even though minimal, to look forward to, are perhaps better for most people than a gloomy outlook and a fatal prognosis.

There are some, perhaps those with faith, who can take the diagnosis of cancer with a degree of resignation, humbleness, and understanding. I do not believe that there is any universal answer. We must feel our way with each patient and perhaps use an indefinable "intuition" in handling him. We give to each that which he needs most of hope or realization; often we can give both.

HIRAM B. WEISS
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University of Cincinnati

A Rabbi Answers

One very important fact that the case described above does not tell us is whether Mr. J.'s mother inquired about her condition. The basic problem is not whether Mr. J. was remiss in not informing his mother. The problem revolves around Mrs. J. herself. Does she want to know? Has she questioned her son about it? Did she inquire of the doctor the diagnosis of her case? I feel this is most important because, regardless of their age, most people prefer not to know the seriousness of their particular illness. Very often they will not even ask their doctor for the diagnosis, even though prior to undergoing their operation they categorically inform the surgeon that they want him to tell them what he discovers. If the patient earnestly inquires about his condition, whether it be of family or clergy, it is his solemn right to be told. The reply should be as honest as possible and answer only the specific questions asked. No additional information should be supplied.

What then? The most advisable next step is to call in the doctor. For the primary concern of the patient at that moment is a diagnosis and discussion of the technical and long range view of the case. Any diagnosis, regardless of illness, is the responsibility of the physician and *no* one else should assume this assignment. It is medical information that is being sought and it should be given by a medical authority. At a time such as this, the patient usually seeks specific information that can be supplied only by the doctor. Should the physician attempt to push this chore onto anyone else, as is sometimes done, he is not fulfilling his obligation to his patient. This does not diminish the rabbi's role or exclude him. His pastoral duties begin in earnest when the doctor leaves the scene.

The rabbi's problem exists, therefore, only if Mr. J.'s mother did not ask her son about herself. Should the son nevertheless have volunteered the information? In this instance, the rabbi could have assured Mr. J. and

counseled him that, since his mother did not ask him about it, it was not within his province to have offered it.

We are then confronted, as rabbis, by the problem as to whether it is not required of us to enable the patient to prepare himself for the eternal sleep, to give him the opportunity to make his peace with the world, and to see his relatives and friends more often. This procedure was practiced by our forebears as is evidenced in the *Shulhan Aruch*. The trend today, however, is away from this practice. The feeling exists that the clergy is not endowed with God-given permission to force such information upon any person in this condition.

It is not difficult to understand Mr. J.'s anguish and to sympathize with him. Being an only son, he undoubtedly had and still has a close association with his mother. Her impending departure is undoubtedly a difficult experience for him to bear. The possibility should, therefore, not be overlooked that, in speaking to the rabbi, Mr. J. was subtly hinting to him to carry the ball for him. He may have wanted to eliminate himself as the informer because it would have caused him much anguish and he was perhaps subconsciously sparing himself a difficult ordeal.

All this brings to mind the little actual preparation given in our society to the inevitable which is part of everyone's future. While today we attempt to prepare ourselves, our children, our friends, to cope with the many different situations to be encountered, we do not prepare ourselves for death.

Rabbi Israel J. Gerber
Temple Emanu-El
Dothan, Alabama

A Psychiatrist Answers

The described situation presents many facets of an emotionally charged rabbi-congregant relationship. In order to assay the problems and to respond constructively, one must attempt to define the dynamic exchanges taking place.

As stated, the rabbi finds himself asked for an opinion on a "personal problem" by his dinner host, who is one of the rabbi's congregants. The rabbi expresses an emotional bias when he writes, "What can you do in a situation like this, when either way you feel obliged to respond to Mr. J.'s question?" To answer the rabbi we must conjecture as to what he means by "a situation like this." Apparently he feels he *must* respond because he "feels obligated." Must he respond because he has "known the family intimately for years" (i.e., almost feels like part of the family) or because he is under immediate debt to his host for the gifts of a dinner and hospitality? The rabbi tries to handle his own feelings of a personal obligation and guilt over hesitation to meet it in several ways: He attempts to reduce the emotional overtones by converting the problem into a quasi-intellectual

one of "religious ethics" but cannot carry through on this depersonalizing because he says "it seems to touch on" (but not really involve) "religious ethics." Secondly, he salves his own conscience by listing the many previous services he has rendered Mr. J. and his family. Is the rabbi almost plaintively asking, "Really, haven't I done enough for him? Am I actually obliged to respond to such a tough question?"

Therefore, from a psychological point of view, some of the difficulties confronting this rabbi in this situation arise from his emotional attitudes toward Mr. J. These attitudes, felt as an obligatory pressure, certainly might interfere with an objective and constructive response to Mr. J.

Turning our attentions to Mr. J. and his pregnant question, "Rabbi, do you think I did right in not telling my mother that she is dying of cancer?" we may benefit by considering the following matters. Why does Mr. J. find his "not telling" his mother a personal problem leading to uneasiness about "doing right" or wrong? Is there more to this personal problem of doing right than what Mr. J. says? It is a frequent occurrence for bereaved persons or ones facing bereavement to experience consciously or to be motivated unconsciously by ambivalent feelings, mixtures of love and rage, in regard to the deceased or diseased relative. Is the increase in negative emotion toward his mother the factor that is not "right?" Being an only child, Mr. J.'s whole emotional investment in his relationship to his mother may be quite intense and contain elements of dependent yearnings for mother's attention, anger over her impending desertion through dying, guilt over such anger, guilt over her being ill, anxiety over the impending separation. It is not unlikely that his appealing to the rabbi is a request for a father-surrogate to console, attend to, reassure, strengthen, and love him now that mother is slipping away. He wants a response on a personal level when he states that this is a "personal problem."

Mr. J. seems to need the rabbi as a father-figure, personally interested in him, and allaying his uneasy feelings of anxiety and guilt. The rabbi as theologian grappling with "religious ethics" is not the person being petitioned.

If the rabbi can respond as a mature man sensing these needs, he could best help Mr. J. by hearing him out and not answering Mr. J.'s question. Any immediate and definite answer would slam the door on any opportunity for Mr. J. to ventilate his feelings centering about his mother, her illness, his apprehension of death and cancer, etc. An interested, unbiased, nonjudgmental, patient listening to Mr. J. would be the proper response, the response to the whole person rather than to a question detached intellectually from the human being posing it.

Dr. Henry D. Lederer
Department of Psychiatry
University of Cincinnati

A Rabbi Answers

The question posed as to telling a patient that he or she is dying of cancer is part of the larger question of informing the seriously sick person that he is dying from this or any other ailment. There is no one categorical answer, it seems to me, that would apply to each and every case.

In this particular instance, we have a woman seventy years of age. Even if told of her condition, she would probably have little to do to set her "house in order." To give her this information would do little good.

In most cases (even when cancer is suspected by the patient) there is the hope that with treatment and God's help, he can "beat it." One should, therefore, think twice before destroying this last vestige of hope and the fighting spirit that results from it.

I do not think that we ought to be too free in passing death sentences on seriously sick patients. In some cases, doctors themselves admit that they are happily disappointed in their predictions.

It all adds up to this—who is your patient?; what is his temperament?; what are the circumstances that might make the imparting of this information imperative?

The average mature individual, though healthy and strong, realizes that death may be lurking around the next corner. If the circumstances of the sick patient demand that his spiritual and economic house be set in order, then he should be given the opportunity to do so—at the same time indicating that the white flag of defeat is not being raised.

All this is particularly relevant when we consider the psychology of the Jewish patient. Judaism, whilst holding forth the hope and faith in immortality, does not minimize the satisfaction of spirit and body to be achieved in life on earth. The bliss of Heaven is not quite as real and tangible to him as it may be to patients of other religious faiths.

When we find it imperative to inform the patient of the imminence of death, particularly when he is insistent that this information be given to him, then we must bring to him (if he does not already have it) the trust that the "Everlasting Arms" that hold us in life never forsake us even in death.

Rabbi Albert G. Minda
Temple Israel
Minneapolis, Minnesota

PACIFIC SCHOOL OF RELIGION

CLINICAL PASTORAL TRAINING—IMPLICATIONS

THE REV. ALEXANDER C. ZABRISKIE, S.T.D., D.D.
AND MR. DOUGLAS VAIR

Professor of Church History, and Student, respectively, at the Protestant Episcopal Theological Seminary, Alexandria, Virginia

EDITOR'S NOTE: The following letter and Litany were used by Douglas Vair, a student from Virginia Theological Seminary who was in clinical pastoral training at Saint Elizabeths Hospital, Washington, D. C., during the summer of 1955, as a final meditation worship service which he led. Mr. Vair wrote the Litany at the end of his three month's training under the supervision of Chaplain Ernest E. Bruder.

THE PROTESTANT EPISCOPAL
THEOLOGICAL SEMINARY IN VIRGINIA
Alexandria, Virginia
June 6th, 1955

Dear Doug,

When you receive this note you will be engrossed in "Clinical Training." That can be one of the most useful adventures of your life. Both my older sons found it so, and so also did almost all my faculty advisees. Whether it is so useful a period for you depends in considerable part on your own attitude toward it. I trust you won't mind if I take the liberty of writing you about this.

The Pastoral Clinical Training program is designed—as I have told students ever since it was inaugurated ten years ago—to help you become "at home" in a hospital so that you can work in harmony with the medical and nursing staff rather than antagonistically; to help you become at ease with patients (whether physically or mentally ill, or both); to help you to a better understanding of human beings, *including yourself*. You can learn a lot of these lessons from the doctors and nurses, from the patients, from the other students, and especially from the Chaplain. Therefore, I hope that whether these people attract you or repel you, you will try to understand their points of view, appreciate their knowledge and skills and experience, regard them as friends and helpers.

The summer will quite possibly be a difficult period. You probably were tired when you began it and you'll get a lot more tired; you will be fed up periodically and think it's a waste of time with no vital bearing on

your future ministry; you may find yourself faced by all sorts of new questions and pressures; you may think the Chaplain is undercutting your religious faith and practices. Meeting and mastering these difficulties will cause you great growth mentally, morally and spiritually.

It is imperative that during this period you observe *regular* daily spiritual discipline. This is the chief burden of my song. I beg of you to do these things:

1. Read a portion of the Bible daily. Read it thoughtfully. Ask yourself what the author was trying to convey to his readers, what that passage means to *you* in 1955, what you are going to do about it. In other words, meditate upon the Bible. Don't feel obligated to read a different passage every day. Often I find it most helpful to stick with a passage for nearly a week. I have found the Gospels, Romans, Ephesians and Hebrews, the "books" most useful to me. *Read whatever most feeds your mind and spirit.* For many men the Collect, Epistle and Gospel for the week are the best material for meditation, or the lections from Morning and Evening Prayer.

2. Converse with God. Talk to Him as freely and fully as to a completely trusted and loved earthly parent; talk to Him about your real concerns and *say what you honestly feel.* Honesty is the major requisite in prayer.

3. Listen to what God may intimate to you—some duty, some letter to write, or call to pay, some insight into your life or the Christian faith or the meaning of your Biblical passage, etc.

4. Participate in the sacrament of the Holy Communion as opportunity is given, offering to God your abilities and limitations, your new insights and confusions, your fears, your victories and defeats, your associates and leaders (especially the Chaplain), your family and friends, and ask God to use them for the advancement of His purposes.

Remember also that the summer will bring its own temptations, and you can meet these as they arise about in proportion as the Grace of God and your own spiritual discipline keep you spiritually, morally and intellectually fit.

Again, let me say how profoundly I hope you will derive from this summer all its *possible* benefits. Blessings on you. You will be in my prayers regularly. If you feel inclined to drop me a note, I shall receive it gratefully.

Very sincerely yours,
/s/ Alexander C. Zabriskie
Alexander C. Zabriskie

P.S. Mrs. Z., who typed this letter for me, sends her very best to you and your lady. Give her my best, too.

* * * * *

STUDENTS WORSHIP SERVICE

September 1, 1955

LITANY: Congregation response: *We thank thee, O God.*

Almighty God, our heavenly Father, from whom cometh every good and perfect gift, we call to remembrance thy loving kindness and thy mercies which have been ever of old, and which we have experienced in this present, and with grateful hearts we lift up to thee the voice of our thanksgiving.

For the life thou has given us, and the world in which we live,

We thank thee, O God.

For the gift of thy son Jesus Christ, and all the hopes and helps which are ours as his disciples; for the presence and inspiration of thy Holy Spirit,

We thank thee, O God.

For the work we are enabled to do, and the truth we are permitted to learn; for whatever good there has been in our past lives, and for all the hopes and aspirations which lead us on toward better things,

We thank thee, O God.

For this hospital, for the work that goes on here, for the Clergy, Doctors, Nurses, Attendants, and for all those who labor to alleviate the suffering of the mentally ill,

We thank thee, O God.

For this Clinical Training Program, and for those who have labored so diligently to lead us in the way of newly found truths and insights,

We thank thee, O God.

For the fellowship that we have had one with another,

We thank thee, O God.

For the misunderstandings and differences of opinion that we have shared with each other and which have enabled us to grow both mentally and spiritually,

We thank thee, O God.

For the patients of this hospital who have helped us to better understand ourselves and our calling,

We thank thee, O God.

For the ability to sharpen our perception of our own inadequacies, for the tasks and trials of this summer that have led us to a better self-knowledge and self conquest, and have brought us to a closer sympathy with our suffering brethren,

We thank thee, O God.

For the growing ability to raise to the conscious level our own hostilities, anxieties and inadequacies, and for the knowledge that we can deal with these parts of ourselves,

We thank thee, O God.

For the problems and troubles that have caused us to search the very depths of our own being and have lifted us nearer to thee and drawn us into deeper fellowship with Jesus Christ,

We thank thee, O God.

For freedom to express our differences of opinion, denominational loyalties, our understanding of the Holy Scriptures, and even our hostilities toward one another; and for the sure knowledge that none of these human fallibilities can separate us from the love of God which is in Christ Jesus,

We thank thee, O God.

For the Seminaries, Parishes and work to which we go at the end of this training program,

We thank thee, O God.

O God of all grace and love, we have thanked thee with our lips; grant that we may also thank thee in consecrated and faithful lives; through Jesus Christ our Lord. AMEN.

Douglas Yair
Clinical Pastoral Training
Saint Elizabeths Hospital
Summer, 1955

The Journal of
Pastoral Care

VOL. X SUMMER, 1956 No. 2

EDITORIALS

Reflections on Clinical Pastoral Training

The Journal of Pastoral Care represents a new stage of maturity for the field of clinical pastoral training. By this is meant that the *Journal* represents the movement of clinical training from the infancy of inarticulateness to the stage of communication between the different members of the clinical training family as well as between the family itself and the rest of the community of theological studies. Therefore, everyone who is dedicating his or her life to the development and refinement of clinical pastoral education content and methodology does well to lay to heart the message and the mission of this *Journal*. For this reason, as well as many others, it is with a deep sense of responsibility that this writer comes to serve as a member of the Editorial Board. Becoming a participant in this channel of communication has led to serious reflection on the remarkable progress being made by clinical pastoral educators today.

One of the first signs of real progress is that clinical training supervisors, through faithfully remaining at difficult posts of duty, are building up years of experience and seniority with which to back up their own clinical training. In the words of an airlines' publicity blurb, "There is no substitute for experience." Naturally this should be prefaced by adequate, intensive, and carefully supervised training. Seminaries can now place students in clinical centers where supervisors have served at the institutions long enough to have the status and experience necessary for effective teaching. The rapid turnover of pastors in churches is matched and exceeded by the almost itinerant character of many chaplains' relationship to one hospital after another. Too much emphasis, of course, can be placed on experience because it is possible that some men who boast of forty years of experience have really had only one year of experience forty times, not having learned anything after the first year on the job! However, today the effectiveness of clinical pastoral education is being doubled by the dedication of chaplain supervisors in larger numbers who have demonstrated

their effectiveness by staying in one place long enough to have deep roots there, through which they draw wisdom which they can share with their students.

Another sign of real progress among clinical pastoral educators is that the academic or research qualifications of men doing the teaching are being added to their clinical training and experience. At the same time, theological faculties in greater numbers are integrating clinical pastoral training in their advanced degrees, giving academic credit for advanced and research-oriented clinical studies. This is particularly necessary in that clinically trained, experienced, and graduate-trained men are necessary as "timber" for theological faculties, research positions, etc. Such men, with high academic ability, as well as basic ability in clinical encounter, can elicit the necessary scholarly respect of others in the theological community.

A further evidence of progress in clinical pastoral education is apparent in the work of the Committee of Twelve, brought into being by the Department of Pastoral Services of the National Council of Churches. Here all the different agencies offering clinical training are communicating effectively with each other. Minimum standards have been agreed upon. Further discussions are under way at this time as to ways and means of developing a flexible and yet dependable community of uncoerced but voluntarily affirmed agreement as to what the kind of setting, the kind of techniques, and the kind of personnel consist of in the best forms of clinical pastoral education. This sort of cooperative endeavor represents a vital, positive achievement.

Much can be said about our needs for further growth, but we "thank God and take heart" at these solid achievements.

W. E. O.

Telling the Truth

It is high time to make current a new term for a very common but ethically questionable view of health and illness, and of medical care. The word we have coined is *"salubrism"*—and it stands for the notion that health (*salus*) is the highest good, the Summum Bonum, before which all other values should be made to bow. This doctrine is discoverable, strangely enough, in a lot of *pastoral* care, too. The salubrist, in his way, is like the "hedonist," since the former puts health in the highest place just as the latter puts pleasure at the top. Both are wrong, according to pastoral theology, which supposes that anybody's relation to his God and his neighbor, in illness or in health, should come before other things on his list of priorities.

The discussion of truth-telling in medical and pastoral care in this number of the *Journal*, gathered together by Professor Katz and reprinted because of its vital interest, is an example of the doubts and perplexities that arise in trying to determine the patient's "true" good. Last year a symposium edited by Dr. Samuel Standard and Dr. Helmuth Nathan was

published, entitled *Should the Patient Know the Truth?* Dr. Standard himself considers truth "an instrument of therapy," meaning that it is only a means to the high end of health, to be used when it serves and denied when it doesn't. Believing that the physician should act "by considering the patient rather than give room to his own philosophic notion about what is the moral way to live," Dr. Standard then says bluntly, "It is the physician's duty, therefore, to serve his patient and salve his conscience at some other time." It is impossible to miss either the psychological fallacy in this position, since it is absurd to suppose that a doctor (or pastor, for that matter) *can* act without some sort of value-choice and ethical norm; or the logical fallacy of supposing that a decision *not* to tell the patient the truth, or to postpone telling him, is not making a moral choice in fact. It is, if you will, a clear case of *salubrism*, of sacrificing one good (the truth) to another good (mental and/or physical well-being).

It is interesting to compare the opinions in this discussion. Dr. Lederer's view, although highly speculative at the level of psychodynamics, is almost completely irrelevant and beside the point. Dr. Weiss is convinced, on the side of fact, that most patients do not want the truth when it is sad or unpleasant, and, on the side of ethics, he "feels" that we can follow no rule but only use "intuition" in each case. Rabbi Minda agrees that the policy should be pragmatic and relative, apparently holding that the truth might be owed if and when others are involved, whether God or man. He speaks of "spiritual and economic affairs" (as if patients are ever entirely outside these and other such relationships!). Rabbi Gerber goes farther than Dr. Weiss in the opinion that *most* patients do not want the truth, but allows that even though we are not justified in forcing it on them they have a "solemn right to be told" when they ask for it.

In the intimacies and crises of illness the communication of truth is far from a simple matter, of course. Dr. Otis R. Bowen, a physician, in the *Indiana State Medical Journal* a couple of years ago, pleaded the cause of truth-telling for all but "those too young to understand, those mentally unfit, those who have previously expressed their desire never to be told." (This really means that we don't have to tell the truth to those who can't receive it, and that if people have a right to be given vital truths about themselves they must also have the right to reject them!) Dr. Owen Wangensteen, of the Department of Surgery at Minnesota University, says in Dr. Standard's symposium that "to fail to tell patients they have cancer is as archaic and outmoded as Victorianism." We can all remember when no doctor told a patient he had tuberculosis because it would "hinder" his recovery! But all that is changed; people are braver, especially when (as Dr. Weiss remarks) they have a deep religious faith.

Even granted that the truth should be told, there are highly relevant procedural issues: such as, *when* should it be told, *how,* and *by whom?* Pastors and chaplains, like doctors, know that there are very real *non-verbal*

ways of communicating with patients. Furthermore, it is not easy to tell the truth, as distinguished from the "facts," and we may easily blunder into what Professor Whitehead called "the fallacy of misplaced concreteness." This whole area of *the ethics of pastoral and medical care* is one in which the editors invite correspondence. Both the Protestant and Roman Catholic forms of scholasticism have generally held that lies *for* charity are "venial" or "lesser evils" and lies *against* charity are "mortal" or grave. Also, classical ethics has held it to be a basic principle of the "natural law" that everybody is the rightful administrator of his own life and death, and that patients therefore need the truth about vital issues in order to make responsible (i.e., human) decisions, to avoid becoming puppets. Those of us who discount the appeal to "natural law" can still say that the principle of freedom (or "personal status") requires the truth.

Do patients have a *right* to the truth? This means, do doctors and pastors (yes, friends and families, too) have an *obligation* to tell it? If a patient is deceived, is he being treated and manipulated as a puppet, an object instead of a subject, and denied his status as a person and human being? Can we use a sliding scale for truth-telling, or as Dr. Richard Cabot once put it (in *The Meaning of Right and Wrong*), "How can we ever be sure when a conscientious liar will draw the line?" Is the patient's *health* ("salubrism") the canon or standard with which to decide this or any other decision for "the patient's good" and welfare?

Finally, what are the *real* reasons why we fail or refuse to tell sad and decisive truths to patients? Ilse Wolff, R.N., M.A., in Dr. Standard's symposium, tells of a nurse caring for a patient with bacterial endocarditis, in the last stage. She avoided the subject of death with the patient because she was upset and felt guilty: "He is going to die, even though so young; my age only, while I shall go on living." She ran away from his desire to talk it out. He saw what she was feeling and took pity on her, and kept silent, and, as far as she was concerned, died mute. But as Franz Rosenzweig said once, "Parsons and doctors should not take a sentimental view of death; they are companions of the dying man, not mere bystanders. Sentimentality is proper for the bystanders. The dying themselves are not sentimental. And the bystanders are the less so, the less they are bystanders."

J.F.F.

A Commendation

It is with great interest and pleasure that the *Journal* has learned (somewhat tardily to be sure) of a pioneering program in clinical pastoral training in India. The Clara Swain Hospital in Bareilly has served as the training center. The first program, admittedly experimental, was held a few years ago and extended over a period of five weeks. There were eleven students enrolled, ten of whom completed the course. The group included clergymen, religious workers, and theological students.

The program consisted of orderly service, supervised pastoral interviews, special work with mental patients, lectures and seminars, field trips to nearby institutions and correlated reading.

In evaluating the initial course it was generally agreed that five weeks constitute insufficient time for such an important experience. The deep gratitude of those who attended, as attested in written testimonials, is very moving to one who is an old-timer in this field.

Much of the credit for this beginning in India rightly goes to the Rev. Ram Dutt. While in this country he received clinical training at the Massachusetts General Hospital and the Boston State Hospital, under the auspices of the Institute of Pastoral Care. He also received a Ph.D. degree from Boston University.

The Journal of Pastoral Care, through its editors, commends Dr. Dutt, the Clara Swain Hospital, and all others responsible for this pioneering project which promises to do much to forward the development of Christian pastoral care in one of the leading countries in the Orient.

R.J.F.

BOOK REVIEWS AND NOTICES

Edited by The Rev. Rollin J. Fairbanks

Becoming: Basic Considerations for a Psychology of Personality: Gordon W. Allport; Yale University Press, New Haven, 1955. 106 pp. $2.75.

This slim, but very substantial, volume is an outline of an all-encompassing approach to the study of personality considered against a background of what contemporary psychology is and what it could be if freed from the restrictions of many of its basic assumptions. The material contained in *Becoming* was orginally given as the Terry Lectures at Yale University, an assignment which charges the scholar to appraise his field of study in its relation to human welfare and religion broadly conceived.

In examining the status of psychology, the author uncovers with a few masterful strokes the basic presuppositions and assumptions that govern psychology today. When trends and developments in psychological theory and research are reduced to their origins in either Locke or Leibnitz, it becomes abundantly clear that the *tabula rasa* hypothesis of Locke has exerted the greatest influence on Anglo-American psychology. Into this category can be placed associationism of all sorts: environmentalism, behaviorism, stimulus-response psychology, as well as the positivistic and operational aspects of psychology. In brief, all that is cherished as "scientific." The Leibnitzian tradition, on the other hand, assuming as it does the existence within the individual of an active intellect, has had relatively little influence on psychology in America. Even Gestalt psychology has undergone certain modifications in this country which bring it into near conformity with the assumptions of positivistic psychology.

In discussing the conceptual tools required for a thorough study of personality growth, Professor Allport aligns himself with the Leibnitzian tradition, but not without facing the dilemma that confronts the psychologist who takes this position. The author, as is true of all modern psychologists, has a deep commitment to the means and goals of science. He adds, however, that this must not be at the expense of becoming blind to "the process of growth that is actually taking place." In an effort to reduce functions and processes to units that permit objective scrutiny, the psychologist has been too often content with analogies between human beings and animals, the isolation of functions that lose meaning out of association with other mental operations, and studies of behavior restricted to early childhood. To remedy these glaring deficiencies, Allport recommends that the scientist look within himself to determine what is needed for a psychology of becoming, "for it is knowledge of our own uniqueness that supplies the first, and probably the best, hints for acquiring orderly knowledge of others."

In assuming the uniqueness of self, the author departs from the company of the largest number of psychologists, denying as they do that self, or ego, in any sense whatsoever is within the realm of the proper study of personality development. In doing so, however, Allport has liberated himself from the

narrow biases and restrictions which keep psychology from realizing its potential goals of knowledge and application. His primary assumptions now stated, the author continues on to scrutinize each element of human equipment in relation to growth processes and external conditions, suggesting how these may fuse to constitute the unique self. For him, the ego is defined as the rational agent, the "knowing" function being located within the mind.

A book such as *Becoming* places an unusual responsibility on the reviewer. To analyze critically requires that one stand at the same vantage point as the author—a position which, in this instance, few can pretend to hold. To say too little about such a book is to do it a grave injustice; to say too much is to trespass beyond the limits of a review. Within these confines, this reviewer feels confident in recommending *Becoming* to all who can appreciate being jolted out of their customary psychological routines. More particularly, the book is valuable for all clergy and laity alike, who may find it difficult to reconcile the teachings of modern psychology with religious truth. *Becoming* provides no guides for doing this or that particular thing, for such was not its intent. Rather, it clears the way for new perspectives in understanding and studying human personality. In outlining his scheme, Professor Allport has made room for the study of rational mind, conscience in its broader sense, freedom, values, and religious sentiment. As is always true of an outline, more questions are raised than answers given. One can only hope that one day the author will give us the benefit of the outline filled in.

SOPHIE T. CAMBRIA

Sexual Behavior in the Human Female: Alfred C. Kinsey *et al.;* W. B. Saunders, Philadelphia, 1953. 842 pp. $8.00.

Considerable water has passed beneath the proverbial bridge since this study and its predecessor on the human male were first published. Despite the fact that there seems to be more curiosity in our culture about the sexuality of the female than of the male, this particular study did not precipitate the interest or the criticism which followed Professor Kinsey's first book. Because there have been excellent evaluations already published and by persons better qualified than this reviewer, the observations of this tardy review will be brief and related primarily to pastoral counseling.

Several important facts are pointed up by this study, and they are apparently substantiated by the authors' clinical data although the validity of the latter admittedly continues to be debatable. The first is that there is definitely a substantial psychological difference between the sexual response of the male and of the female. While this is not new, it is repeatedly forgotten, particularly within the framework of marriage. Complaints of sexually unhappy husbands seemed based on the false assumption that sexual activities should have equal meaning and value for both partners.

A second fact is that much of our knowledge about the sexual behavior of the human female is simply a projection of the male's knowledge about himself. For instance there is much less homosexuality among women than is generally assumed in masculine circles. Furthermore such homosexuality as does exist is more likely to express itself in non-genital behavior. And sexual relations, of one form or another, between women and animals is extremely

rare. Also, many of the sexual stimuli to which men respond have no appeal for women.

It is little wonder that such misinformation has been widely disseminated, since men are more inclined to discuss sex than are women. Most of the books on the subject are written by men. Only when more women speak and write for their own sex will we have a balanced and accurate body of knowledge about one of the most important of human relationships.

Dr. Kinsey's study would seem to confirm the fact that infidelity by married women is more frequent than generally assumed although less than that of married men. There also would appear to be a positive correlation between extra-marital and pre-marital intercourse. Infidelity is less frequent among those women with some basic religious allegiance. Furthermore the women's motivation for extra-marital coitus, unlike that of man, is often non-sexual. The investigation indicates more extra-curricular sexual activity upon the part of married people than has been generally known. Mouth-genital and anal activities frequently supplement traditional sex play and coitus. Furthermore the sexual response of the female continues vigorously into the advanced years. Frequency, however, is almost entirely dependent upon the interest, desire, and ability of the husband.

There remains, of course, considerable doubt as to how representative this total research can be when, for instance, individuals are permitted to volunteer for interviews. Without defending the methods employed, it is this reviewer's considered judgment based upon several years of pastoral counseling that the sexual patterns revealed by this study are probably representative and true.

ROLLIN J. FAIRBANKS

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Christian Faith and Higher Education: Nels F. S. Ferré; Harper, New York, 1955. 251 pp. $3.00.

From a theoretical point of view, this book stands far above the usual and constantly swelling literature on religion and education, both in width of knowledge and depth of insight. Beginning with definitions of education, religion, and Christianity, it goes on to interpret the basic experiences which come to a man who believes in God and Christ as his greatest teachers and who knows of Christian community and communication. The third part of the book is given to an analysis of the main fields of study with which a modern university is concerned, and of the role a truly Christian university would and should play in a bewildering world. In each chapter the author succeeds in forming tense and cogent phrases which it is a delight to read and contemplate, e.g. (p. 155), "when education accepts social adjustment as an ideal, it rejects therefore integrity in favor of false integration." The chapter on social science combines methodological astuteness with understanding of the merits and difficulties of this fledging—yet increasingly important—discipline to such a degree that it should be contemplated by everyone interested in the application of scientific models to interhuman phenomena.

With considerable courage and objectivity the author passes judgment on our various types of colleges, being most critical about a type of fundamentalist

institution which believes that its self-preservation depends upon a more or less conscious hostility against new ideas and discoveries.

Perhaps the most crucial point in Professor's Ferré's book is his epistomology or his concept of truth. Again and again he demands "an open theology" (p. 118). "The more Christian a teacher is, the more he will love and teach the truth" (p. 197). But then come sentences like this: " . . . the truth of God's love cannot be externally defended or dogmatically indoctrinated. It must be accepted, experienced, discovered by reason" (p. 216). Finally, "the university should be the intellectual conscience of the Church" (p. 244).

"Of which church?" someone may ask. Dr. Ferré would answer: "Of the church with the open theology." But how open can theology be without losing its own and distinctive message?

Furthermore, what is the relation between faith on the one hand, and reason, research, science, and scholarship on the other? Professor Ferré has written a book on this subject, but, despite many detailed discussions, this new work leaves this reviewer with many questions. How do such affirmations that the truth "must be accepted" fit with the statement made in the same sentence that it must be "discovered by reason." Briefly speaking, if the author's Christ-centered supernaturalism is correctly understood, there is for him only one Truth, and all *ratio humana* has to be subordinated to the *ratio divina,* revealed to man by the grace of God. We are here confronted with the problem that troubled Christian theologians long before Thomas Aquinas and which is still with us. In fact, it becomes still more troublesome when an author addresses our modern university professors with the hope of convincing them that his supernaturalist concept of truth should be universally accepted.

While this reviewer does not wish to decide who is right and who is wrong, he cannot deny the fact that the majority of our college teachers (even those with a high sense for religious values) will have other opinions about truth than that expressed by the author. They will say that he, whether he says so or not, is himself a fundamentalist of a kind—though on the highest level of sophistication—and that, despite all his insistence on "an open theology," he would bring upon the institutions of higher learning an aspect of the problem of ultimate verification which, to say the least, is extremely controversial. On the other hand, for the highly important purpose of intellectual excitement, these same men should read Professor Ferré's book.

ROBERT ULICH

•

The Fears Men Live By: Selma Hirsch; Harper, New York, 1955. 164 pp. $2.75.

It is not unlikely that the reader of this review has been hoping and planning to read *The Authoritarian Personality,* the central research volume in a series of five *Studies in Prejudice* sponsored by the American Jewish Committee and published about six years ago. But research reports are at best forbidding and get themselves read chiefly by specialists.

Sensing the timeliness of these *Studies* for the clergy and for all other com-

munity leaders, Selma Hirsch has set herself the task of distilling their essence, giving special attention to the major volume in the series, *The Authoritarian Personality.*

In some respects the venture is highly successful. The text is brief and easy to read; complex thoughts are rendered simply. Anyone seeking a primer on prejudice would do well to start with this book. But one should not stop with it. The author neglects other important sources of modern knowledge about prejudice. Likewise she oversimplifies her account to a misleading extent. This reviewer doubts that the investigators whose work she is reporting would agree with her that prejudice is wholly a matter of fear. "The central thesis of this book is that people are prejudiced because they are afraid." While anxiety and insecurity are certainly an important part of the story, people are prejudiced also because they are deficient in contacts, prone to conformity, frustrated, angry, ignorant, and childish in their religious conceptions—to name a few additional causal factors.

GORDON W. ALLPORT

•

Hymns of Hope and Courage: Anton T. Boisen; Elgin, Illinois, 1955. 185 pp. $1.00.

Fellowship Hymnal: National Council of Churches of Christ, New York, 1955. 356 pp. $1.50.

Both of these hymnals are designed for public worship in institutional settings. Dr. Boisen's is the fourth revision of his hymnal, orginally published in 1926. *The Fellowship Hymnal,* produced by the personnel of the Department of Pastoral Services of the National Council of Churches and chaplains in all types of institutional work, borrows heavily from a preceding hymnal, *Hymns of Fellowship.*

The two books provide orders of, and aids to, public worship. *The Fellowship Hymnal,* however, provides a greater variety of all types: Affirmations of Faith, Acts of Worship, Responsive Reading, Prayers, Litanies, and Hymns. The variety results from a studied attempt to include those elements of public worship which are familiar to communicants to various Protestant denominations in the United States.

Quantity, though important since both hymnals are rather thin as hymnals go, is not the only criteria. For example, this reviewer finds Dr. Boisen's order of worship to be sensitively attuned to the worship needs of mental patients. His arrangements of the responsive readings are much better. His use of the more familiar translations make possible better congregational participation.

On the criterion of familiarity and quality, *The Fellowship Hymnal* is by far the better on the main aid to worship, namely hymns. It contains almost 50 per cent more than the other; its tunes are better known; fewer words have been altered. Dr. Boisen has made the latter point a central one in his hymnal: in changing the words of the hymns he hopes to re-educate the mental patient and to avoid disturbing materials. At the Boston State Hospital, the administrative policy is just the opposite of this: the patient is not

sheltered from potentially disturbing materials as in movies, etc.; such a censorship is not thought to be therapeutic. As far as public worship is concerned, patients select and seem to prefer those hymns which they have known before. However, on so basic an issue as this, there is most certainly a real difference of opinion. And this might form one of the bases for selection between the two hymnals. When institutional policy stresses a non-disturbing atmosphere, *Hymns of Hope and Courage* would be an appropriate selection; but where familiarity and range of material is desired, *The Fellowship Hymnal* is the better selection.

JUDSON D. HOWARD

•

Democracy in the Home: Christine Beasley; Association Press, New York, 1954. 242 pp. $3.50.

Now that the family is being recognized as the *ecclesia in ecclesiola,* there is naturally an even greater interest in how relationships within the family structure can best function. Here is one of the most helpful books on this subject that this reveiwer has encountered. Every parish library should have one or more copies, and parents' groups, whether religious or secular, should use it as a study book. Regardless of whether its principles are accepted or not, *Democracy in the Home* will readily precipitate discussion on vital issues and encourage creative thinking.

Dr. Beasley, who teaches in the field of family relations, is obviously alert to and appreciative of the contributions of the various related disciplines. Theology, ethics, economics, group dynamics, and psychology have very vital counsel to offer for family life. While Chapter 4, on "The Family Council," constitutes the best presentation of this method that this reviewer has ever seen, in many ways Section III makes the strongest contribution. It concerns itself with the application of democracy to such specific areas of family life as the house, work, money, love and religion and morality. There is an honest realism in these presentations which is remarkably persuasive. The author's final section touches briefly on the role of semantics and on the acknowledged limitations of democracy.

The book deserves a far wider reading than its title may permit. The word democracy is so emotionally loaded today with patriotic, political, and security-minded feelings that the essential character of the book may not be known. It might fare better if re-titled *Creative Family Life* or something similar.

ROLLIN J. FAIRBANKS

•

Love and Marriage: F. Alexander Magoun; Harper, New York, 1948. 369 pp. $4.00.

Many grateful alumni of the Massachusetts Institute of Technology will remember with affection the warm and vigorous teachings of Professor Magoun when he was a member of the faculty of that famous school. And many a happy marriage owes something to the wise and realistic guidance he gave to those who attended his lectures or who sought him out.

Although this helpful book was first published seven years ago, it con-

tinues to provide a great deal of common sense, well assembled and simply stated. The focus is on the total adjustment required for a mature and sound marriage, and this includes religion. The author starts with the nature of love and marriage, then takes up problems of relationship, courtship and the engagement period. He next discusses frankly marriage, divorce, parenthood, and religion in the home. There are times when he speaks about the future with greater certainty than knowledge. There are also times when his boldness suggests exhibitionism rather than courage. Despite these limitations, however, the book still stands as one of the best all-around volumes devoted to love and marriage.

ROLLIN J. FAIRBANKS

•

Who Speaks for God: Gerald Kennedy; Abingdon Press, Nashville, 1954. 139 pp. $2.50.

This book is intended as a real challenge to the minister, and a consideration of his high calling. It is not another "self-help" book in pastoral practice, but rouses one from the "valley of dry bones," and is meant as a strong antidote to the "barrenness" that every minister can and may face from time to time in his ministry. The author's presentation speaks to the reader in a personal way and is an excellent example of how the sermon or essay can convey profound psychological truth. This is characteristic of all four chapters of the book, but is especially true of the third chapter, "Who Speaks for Freedom?" There remains, however, the possibility that too frequent use of examples and stories to illustrate a point may obscure the main themes of the chapters.

M. DAVID RIGGS

•

The Power of Sex: Frank S. Caprio; Citadel Press, New York, 1952. 229 pp. $3.00.

Judging from the number of books he has had published, Dr. Caprio is one of our most prolific writers for popular consumption in the psychiatric field. Actually most of his books have been on some phase of sex—viz., sexual adequacy of the male and of the female, sexual deviations, and marital infidelity. Throughout his writings he has stressed the importance of normal, culturally acceptable sexual activity, and that digressions usually are minifestations of emotional immaturity or pathology.

This particular book offers much good counsel on sex education, sexual problems before marriage, the role of sex within marriage, some variations, and the relation of sex to love. Dr. Caprio continually illustrates his arguments, with numerous case stories always related in easy, narrative style.

The disturbing nature of this book is that as a psychiatrist the author always seems to be "telling" his patients, advising them, some times scolding them, and even engineering deception to "save" the two people involved. One wonders just how much emotional maturation is sacrificed by such munipulation. While the content of the book offers excellent resource material for the parish minister, the danger is that the author's approach will encourage authoritarian pastoral care.

ROLLIN J. FAIRBANKS

Community Programs for Mental Health: Ruth Kotinsky and Helen L. Witmer; Harvard University Press, Cambridge, Massachusetts, 1955. 362 pp. $5.00.

Mental health is an ambiguous and at times esoteric term. Though the eight contributors of this volume do little to lessen ambiguity and esoteric inclinations, they at least recognize these difficulties and move on from there. The book has a wide and ambitious scope, covering such general topics as the theoretical assumptions of the mental health movement to such specific items as the construction of survey instruments for research purposes. A good portion of the book is devoted to general descriptions of various mental health programs, with special emphases on objectives, community acceptance, financing, evaluation, etc. Not a few of these programs are described in an intimate and spontaneous style.

The minister may be somewhat disappointed at the obvious paucity of material relative to the Church's place in community mental health programs. Indeed, religion is mentioned less than a dozen times and the clergy are referred to only fleetingly and descriptively. This conspicuous neglect of religious factors might lead the astute clergyman to ask if such neglect is not perhaps legitimate and accurate. For such observers this scotoma may seem an affirmative and stimulating aspect of the book.

Undoubtedly this volume will be welcomed by those who are ardently concerned with the complex and challenging problems of community mental health facilities. Despite the usual limitations of omnibus and loosely integrated books of this nature, the clergyman who is earnestly interested in this general area will find real help from the experts' sundry contributions.

ORLO STRUNK, JR.

•

How to Be an Effective Church Woman: Carolyn P. Blackwood; Westminster Press, Philadelphia, 1955. 189 pp. $2.50.

Women's opportunity today for larger service in the work of the Church and ways by which they may make that service more effective are the theme of this helpful book. Replies to the author's questionnaires sent to laywomen and clergy in large and small, city and rural areas, and her own experiences as a pastor's wife, have provided the factual, informative, and interesting material. This she has presented in a practical as well as a spiritual way, frequently interjecting a humorous and light touch, as she discusses the problems of the church woman as a loyal member, as an active worker, leader, or officer. The diversity of ideas and suggestions given would seem to offer the concerned church woman assistance in meeting practically every conceivable situation. An excellent feature of the book is the extensive list of well-selected, related readings at the end of many of the chapters. From these much study-group material could well be derived.

If any single criticism were to be offered, it would be of the author's extensive use of colloquial expressions, invariably set off by quotation marks. Possibly she felt her subject could be treated thus with greater informality, but this rhetorical device impedes rather than facilitates reading.

CAROL A. ALBRIGHT

Growing With The Years: New York State Joint Legislative Committee on Problems of the Aging: Legislative Document No. 32, 1954. May be secured by writing to Senator Thomas C. Desmond, 94 Broadway, Newburgh, New York.

This report maintains the high standard set by the Committee in its previous reports. All those interested in the aging will regard this as a basic document. Clergymen in the State of New York who are concerned with older people will want to read it carefully.

Of particular interest in this report is a paper by Dr. Milton L. Barron of Cornell University, who sets forth his concept of the aged as a quasi-minority in our society, another by T. Lynn Smith of the University of Florida on the migration of the aged, and a series of papers on the general theme of the older worker in industry.

Readers will be charmed by some reflections on old age by two famous octogenarians, Frank Lloyd Wright and Lord Bertram Russell. Says Wright, "Young is a circumstance and youth is a quality." He also believes that old age "needs more rewards of the kind development covets. Like for instance, a beautiful environment — the high quality we call a work of art in nearly everything from here to heaven."

PAUL B. MAVES

•

Understanding the Methodist Church: Nolan B. Harmon; Methodist Publishing House, Nashville, Tennessee, 1955. 191 pp. $2.00.

Only one who has lived in the Methodist Church a full lifetime and been steeped in its history and practice could so accurately and yet so briefly set out the history, doctrines, polity, and work of this largest Protestant denomination in America. The author is one of the most distinguished literary men of his church. In this volume he is at his best in describing the tradition so dear to his life for his fellow Methodists and, with helpful simplicity and clarity, for other readers. His six "Goals for a Christian's Striving," with which he closes the book, are something much more than Methodist ideals; they may well become the object of every earnest Christian's quest. There is also definite healing value in such objective Christian aspiration.

Non-Methodists will probably be most interested in the chapters on "Worship and the Sacraments" and "Methodists and Other Churches." In his discussion of relations with the Protestant Episcopal Church he seems unable to distinguish between apostolic succession and the historic episcopate. The prominent doctrines of Methodism such as "regeneration" and "Christian perfection" are clearly described and help to make this comparatively small volume the most helpful brief compendium on Methodist life and thought this reviewer has seen.

RAYMOND W. ALBRIGHT

•

The New Testament in Cadenced Form: Morton C. Bradley, Jr.; Rinehart, New York. 1954: 674 pp. $5.00.

This book is a printing of the King James Version of the New Testament according to a pattern known as cadenced form. The purpose of the designer

is to make more clear the power and thought rhythm of the Authorized Version. Sentences, paragraphs, and sections are distinguished by spacing. Coordinate parts of sentences are printed as parallel, whereas subordinate parts are indented. Dialogue is sharply indented, and Old Testament quotations are both indented and italicized. The result is an arrangement, easy to read and attractive to the eye, which often aids in the understanding of a difficult passage. The form is most effective in the teachings of Jesus, the arguments of St. Paul, and the imagination of Revelation, where it reproduces well the underlying Hebrew poetic structure; but it seems forced in the narrative sections.

HENRY M. SHIRES

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Inside: Helen Bryan; Houghton Mifflin, Boston, 1953. 305 pp. $3.00.

This is one of the most eloquent and balanced presentations of life within a penal institution which this reviewer has seen. Free from sensationalism yet sensitive to the needs of fellow-prisoners Helen Bryan has set forth a constructive appraisal of life within the federal women's prison in Alderson, West Virginia. A victim herself of the excesses of a security-minded government, the author was sentenced for three months for contempt of Congress. As a result she came to know intimately a kidnapper, a high-priced prostitute, a burglar, and a drug addict.

The futility of simply providing services of worship without any subsequent pastoral care, particularly counseling, is underscored indelibly. Church councils and demoninational leaders as well as all others concerned with the institutional ministry should give this book thoughtful and prayerful consideration. Miss Bryan, who is the daughter of a Presbyterian minister, has made a notable contribution to our growing understanding of American penology.

ROLLIN J. FAIRBANKS

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The Book of Arts and Crafts: Marguerite Ickis and Reba Selden Esh; Association Press, New York, 1954. $4.95.

The authors and publishers of this book are to be commended by providing ample *visual* instruction as well as verbal. The book is profusely illustrated with excellent and detailed drawings thereby making it an unusually helpful resource. In this reviewer's judgment this particular volume should prove a valuable aid in two specific areas of pastoral concern. The first is the Church School or Sunday School program. As we become more aware of the fact that we learn with our hands as well as with our eyes and ears, the imaginative religious education leader will incorporate the media of arts and crafts into the church's program.

The second opportunity is with older church members. As occupational therapy becomes *creative* therapy, especially under religious encouragement, adult groups in the parish will respond to meaningful creative arts.

ROLLIN J. FAIRBANKS

The Great Mother: Erich Neumann; Pantheon Books, New York, 1955. (Bollingen Series XLVII) 352 pp. plus 380 pp. of illustrations. $7.50.

We are indebted to the Bollingen Foundation for the excellent series of studies in the fields of comparative religion, symbolism, mythology, philosophy, psychology, social anthropology, archaeology, cultural history, literary criticism, and aesthetics.

This particular volume (an English translation by Ralph Manheim) is one of the most ambitious studies examined by this reviewer to date. The quality of typography and format is in keeping with the superior press standards of the Foundation.

The author, an analytical psychologist, is a disciple of Jung, whom he describes as "friend and master" and to whom he has dedicated this book. As Dr. Neumann generously indicated in his Foreword, encouragement to attempt this study first came from Dr. Jung and from Mrs. Olga Froebe-Kapteyn, founder of the Eranos Archive for Symbolic Research. The primordial image of The Great Mother constitutes the focal point for a structural analysis of an archetype. The study has been extremely comprehensive, ranging from the Paleolithic cave man (as reflected in his art) down to our present-day culture.

While the scope and depth of the study are such that the parish minister will not find this book particularly relevant to his ministry, any serious student of religion, particularly on the gratuate level, and who is especially interested in symbolism, will find it a rich mine of material.

It seems strange, however, to this reviewer that the author has not addressed himself to the rise of mariolatry particularly as it is being manisfested in this country today. While some students of eccelesiastical history have explored possible factors as to its origin, especially the adoption in fact as well as in theory of celibacy for clergy, no student of Dr. Neumann's stature has examined this emerging emphasis within the Latin Church.

ROLLIN J. FAIRBANKS

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There Is a Lad Here: Sedoris N. McCartney; Augsburg, Minneapolis, 1955. 147 pp. $2.50.

In the Foreword to his book, the author states that one purpose is " . . . to emphasize the latent idealism in young people and to point out its importance in guidance," and a second is to provide pleasure and encouragement for other young people. For adults interested in youth counseling, the split emphasis weakens his contribution.

In separate chapters the author introduces six boys and recounts his counseling experiences with them. He makes no attempt to define just what he means by counseling, and his role is not always clear. Unfortunately, the histories are not formally presented, but appear as a series of story-like glimpses into the lives of the boys.

The author freely admits that these brief accounts do not demonstrate any new techniques, but rather urge a deeper emphasis for the old ones of

repect for and faith in a boy. They show his ability to relate to these boys and underline his faith in them, but leave too many important areas untouched to be a satisfactory introduction to counseling with boys. The problems which beset the boys are never clearly outlined nor is the way in which counseling can be of help. There is no discussion of the goals of the counseling and no structure to the counselor's contact. Consequently, the counseling appears haphazard, and it is never clear just how helpful it has been nor what has been gained by it.

KENNETH W. WATSON

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The Josiah Macy, Jr. Foundation 1930-55: published by the Foundation, 16 West 46th Street, New York, 1955. 174 pp.

Ordinarily there would be little justification for reviewing a foundation report of activities in this *Journal.* Because, however, this particular philanthropic organization has participated in certain fields which also interested organized religion, a brief examination seems warranted.

The report is that of a sacred trust well carried out. Mrs. Kate Macy Ladd, who established the Foundation, gave both direction and freedom in her original statement outlining the purpose of the organization. Judging from this report the responsibility has been faithfully met by those now entrusted with its administration.

The three fields of activity which hold special interest for religious leaders today are The Conference Program, The Whole Patient, and The Individual and the Group. The impact of group dynamics and even cybernetics upon church organizational life is just beginning to be felt. Medical concern for the whole patient is slowly beginning to acknowledge the religious needs of man. And the relationship of the individual to the group has much to say to the structure of a religious fellowship.

Unfortunately, however, there is no evidence that those who administer the Foundation are aware of these important relationships. While Mrs. Ladd did not exclude religious contributions to health, the report does not reveal an awareness of nor an interest in the role which religion plays in structuring the individual's total health and group participation. It is hoped that the next twenty-five years' research will be more comprehensive.

ROLLIN J. FAIRBANKS

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I'll Be You and You Be Me: Ruth Krauss; Harper, New York, 1954. 35 pp. $1.75.

At first glance this is just a clever, possibly silly, child's book dealing with love and friendship, and delightfully illustrated by the simple yet eloquent drawings of Maurice Sendak. Actually, however, it is much more than this. The author has captured accurately the semantics of the small child, with all its richness, clarity, and profundity. The need for oneness—to be at one with

some one—is poignantly illustrated in an unforgettable way. All students of child psychology will find superb, clinical illustrations of the emotional needs of small children. Every parent with even a *tiny* spark of imagination will respond to it, and every Sunday School teacher should read it and re-read it, thoughtfully and with appreciation. Two definitions of love will indicate the flavor of the book: "Love is when you send postcards more than to other people," and "Love is you give them a leg off your gingerbread man. No, two legs. And the head!" *I'll Be You and You Be Me* constitutes a good formula for understanding the essential child-like nature of the Christian fellowship. "Except ye become . . ."

ROLLIN J. FAIRBANKS

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John Lacey's Book of Woodcarving: John Lacey; Prentice-Hall, New York, 1953. 108 pp. $2.95.

As parish churches provide more and more opportunity for craft classes as part of a community occupational therapy program, they will enable their members to achieve that important sense of worth which creative activity can provide. This well-illustrated book on woodcarving will prove a helpful manual for those sculpturally inclined towards that most exciting of media, namely wood. Hospital libraries should have a copy for their book-cart.

ROLLIN J. FAIRBANKS

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Esquire Etiquette: Editors of Esquire Magazine; J. B. Lippincott, Philadelphia, 1953. 456 pp. $5.00.

Ordinarily one would not think of etiquette as a pastoral concern, and certainly some of the etiquette presented in this massive volume is of such a sophisticated nature as to be irrelevant for many clergymen. But be that as it may this book offers help in two specific ways. There is first of all the personal use to which much of its wisdom may be put. Ministers are often somewhat insulated from many of the contemporary mores and yet they are curious about and interested in customs and behavior patterns, especially as they are encountered in the larger urban and suburban areas.

A second and more important use of such a book is for the pastoral counselor. Too often he is insufficiently aware of the extent to which the particular environment or culture of a counselee may impinge upon his values and behavior. As a result such a counselor may quite unconsciously use his *own* culture as a frame or reference and basis for judgment. This particular volume, of course, is distinctly limited in that it provides a description of only one of the cultural patterns encountered in American life. Nevertheless it is a pattern that is likely to be encountered more and more, even in modified form, as others copy their more sophisticated brethren via the theater, movie, radio, and television.

ROLLIN J. FAIRBANKS

Doctor—It Tickles: Henry Felsen; Prentice-Hall, New York, 1953. 120 pp. $2.95.

Humor has its place in healing, especially when fun is poked at such sacrosanct deities as physicians, nurses, and other specialists. This frivolous little book, however, goes even further and satirizes the medical sophistication of the American public and the latter's preoccupation with disease and cures. The book burlesques popular magazines and the programs of radio and television for their peddling of "inside, scientific" facts. While hardly a reference book for the parish library, it could be loaned judiciously to hospitalized parishioners.

ROLLIN J. FAIRBANKS

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Feeling No Pain: Bill O'Malley; Prentice-Hall, Englewood Cliffs, New Jersey, 1955. 88 pp. $1.95.

The O'Malley cartoons are too well known to require further description. This series is directed to the physician-patient relationship in a delightfully amusing way. Humor has an important role in healing; pastors, and especially hospital chaplains, will find this light book extremely useful when judiciously prescribed.

ROLLIN J. FAIRBANKS

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Walking in the Light: Marjorie Wilkinson; Abingdon, New York, 1954. 60 pp. $1.00.

A product of wide reading and an active personal devotional life, this little, eclectic excursion into "lives with an inner radiance" offers spiritual nourishment for those unskilled in spiritual exercise. The presentation, however, is awkward. The quotations stand out more like bumps than as paving stones in a great highway. They are also uneven in value. Probably for many readers, however, these limitations may not be too apparent.

ROLLIN J. FAIRBANKS

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A Diary of Readings: John Baillie; Scribners, New York, 1955. 385 pp. $2.50.

Prepared as a companion volume to *A Diary of Private Prayer,* this collection of readings reflects the unusual sensitivity and the sound judgment of the editor. Each quotation is limited to one page, and there are 365 of them—one for each day of the year. While some of the readings seem more relevant than others, all of them provide excellent points of departure for serious reflection.

ROLLIN J. FAIRBANKS

The Episcopal Church and Its Work: Powel Mills Dawley; Seabury Press, Greenwich, Connecticut, 1955. 310 pp. $2.50.

This is Volume VI of the Church's Teaching Series which is being published by and for the Protestant Episcopal Church. Nevertheless it is not intended solely for denominational reading but rather as a guide to any inquirer who may be curious about this particular communion. The book provides an excellent picture of the heritage, the present structure, and the work of the Episcopal Church. Those churches seeking to orient its members as to the character of the various Christian groups will do well to add this volume to their parish libraries. There is an appendix of maps and tables, an excellent list of helpful reference books, and a comprehensive index.

ROLLIN J. FAIRBANKS

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A Protestant Dictionary: Vergilius Ferm; Philosophical Library, New York, 1951. 283 pp. $5.00.

While the editor specifically states in his Preface that this dictionary is not a "duplicate of an earlier work . . . *An Encyclopedia of Religion,*" this reviewer nevertheless finds himself contrasting it to that larger and more valuable volume. *A Protestant Dictionary* is admittedly more succinct than garrulous, although some of the subjects seem hardly worthy of inclusion. On the other hand the treatment of existentialism, for instance, is both clear and comprehensive. All in all, this dictionary is a handy reference book, especially for parish and school libraries. When weighed over against other important books, however, it does seem over-priced.

ROLLIN J. FAIRBANKS

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Preaching the Word with Authority: Frederick W. Schroeder; Westminster, Philadelphia, 1954. 128 pp. $2.50.

A vigorous presentation of the opportunity, the skills, and the imperative nature of preaching, this courageous little book sallies forth to hammer home the role of authority in delivering sermons. Dr. Schroeder believes that effective preaching is authoritative, but he makes clear that it is not the authority of an institution nor of a book. Furthermore, it is not a dogmatic authority. For the author the authority comes directly from God, and the core of the message to be proclaimed is God's redemptive action in history.

The framework, however, in which all this is set forth is not up to the challenge itself. The style is casual, the references are not always woven into the fabric of the lectures, and one gets the impression of unsubstantiated claims. Actually most of this is not apparent in the initial reading. The sincerity and the fervor of the author tend to obscure the book's weaknesses.

ROLLIN J. FAIRBANKS

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NOTES AND COMMENTS

Following three years of preliminary discussions with psychiatrists, theologians, cultural anthropologists, sociologists, and psychologists, a new organization, the National Academy of Religion and Mental Health, has opened offices in the New York Academy of Medicine, 2 East 103rd Street, New York 29. Kenneth E. Appel, M.D., President of the Joint Commission on Mental Illness and Health, Professor of Psychiatry at the University of Pennsylvania, and Past President of the American Psychiatric Association, has been elected President.

A non-profit organization engaged in research and education in all relationships between religion and health, and especially mental health, the Academy has been organized on an inter-faith and multidisciplinary basis.

Membership in the Academy is open to those interested in its work. It seeks a broad membership from lay people and professional workers to assist in its program toward the common goals of religion and mental health. Inquiries concerning program and applications for membership should be addressed to the Director, the Rev. George C. Anderson, at the Academy address given above.

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The Massachusetts Council of Churches announces that the Rev. James H. Burns has been elected Director of the Department of Pastoral Services and Director of the Department of Social Relations. Mr. Burns has served as chaplain at Massachusetts General Hospital since 1945, and for the past five years has also been Executive Secretary of the Institute of Pastoral Care. He will begin his service with the Massachusetts Council of Churches in September.

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The Board of Accreditation of the American Protestant Hospital Association has voted to make the following change in the Standards for Accreditation as a Professional Hospital Chaplain: All chaplains who have had five years or more of experience in an institution prior to February 10, 1955, and who apply to the Board before February 1, 1957, will have their applications considered for accreditation. The Board will review past applications which have been rejected on the grounds of training or experience to see if they can be reconsidered under this clause. Applicants will be notified if there is any change in their status. The present Standards for Accreditation are in no way changed by the above statement.

The next meeting of the Board will be in September 1956. All applications and inquiries should be addressed to the Chairman, Chaplain Lloyd E. Beebe, Boston City Hospital, 818 Harrison Avenue, Boston 18, Massachusetts.

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The Department of Ministry in Institutions of the Church Federation of Greater Chicago held a service of installation for its Medical Center Hospital Chaplains on January 24. The Rev. Edward P. Dixon and the Rev. Leonard I. Johnson were installed as the Church Federal Chaplains at Cook County Hospital, and the Rev. John R. Thomas as the Church Federation Chaplain at the University of Illinois Research and Educational Hospitals and the General Service Chaplain for the Federa-

tion in the West Side Medical Center. At an afternoon panel for pastors, preceding the installation service in the evening, 125 ministers attended a discussion of "Ministering to Cancer Patients," moderated by the Rev. Carroll A. Wise.

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The State of Connecticut has recently revised its civil service classifications for Chaplains. In the three state mental hospitals positions have been established for Teaching Chaplains at a salary scale from $4440 to $6540, with annual step increases of $240. The Protestant Teaching Chaplain must be accredited to supervise programs of clinical pastoral training. The position of Chaplain has been reclassified with a salary scale from $4020 to $5640, with step increases of $180 annually. The Committee on Ministry to Public Institutions of the Connecticut Council of Churches, 210 Pearl Street, Hartford 3, is the nominating agent for Protestant chaplaincies, and inquiries should be directed to the Committee at that address.

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The Dean and Chapter of the Cathedral of St. John the Divine and the Cathedral Forum on Religion and Psychology conducted a colloquium on May 5 in observance of the one hundreth anniversary of the birth of Sigmund Freud. Speakers were Mr. Will Herberg, Gregory Zilboorg, M.D., and the Rev. J. V. Langmead Casserley.

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A program for training lay counselors is being sponsored by the Laymen's Movement, 347 Madison Avenue, New York 17. A seminar on preparation for counseling is scheduled for this spring, and another on counseling skills and methods will be given in the fall. These seminars consist of three sessions each of which covers a full week end.

The unique contribution of the trained psychologist to many areas of modern life is described in a 25-cent pamphlet, *Psychologists in Action,* recently published by the Public Affairs Committee, 22 East 38th Street, New York 16. It should be of interest to clergymen.

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The Fifth National Conference on Clinical Pastoral Education will be held in Atlantic City, New Jersey, November 9-12, 1956. Dr. Paul Tillich will address the Conference on the evening of the opening day on the subject "The Theology of Pastoral Care." It is planned to have three persons well known in the field of theologican education as discussants of the paper in terms of clinical pastoral education. Other subjects to be presented and discussed are: goals of clinical pastoral education; preparation of students for training; evaluating the training in the light of seminary curricula; the method of supervision; and transmitting supervisory skills to others. Further information on this Conference will be carried in the fall issue of the *Journal.*

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Saint Elizabeths Hospital announces the appointment of the Rev. Edward F. Dobihal, Jr., as a staff Protestant Chaplain. Chaplain Dobihal received his staff appointment on the completion of two years of clinical pastoral training in the specialized field of the ministry to the mentally ill, most of it at Saint Elizabeths. He is an accredited Acting Supervisor of the Council for Clinical Training, Inc., a member of the Washington Seminar on Religion and Psychiatry, and a member of the Association of Mental Hospital Chaplains.

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The Friends Conference on Religion and Psychology was held at Haverford Friends Meeting, Haverford,

Pennsylvania, April 27 through 29. The theme of the conference was "Male and Female Created He Them —Sexual Differences in Relation to Wholeness."

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The American Institute of Family Relations, 5287 Sunset Boulevard, Los Angeles 27, California, announces its Ninth Annual Summer Workshop on the Techniques of Counseling, August 6 through 18, 1956.

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Lowell Institute, Boston, presented during February a series of six lectures on "The Problem of Suffering" by the Rev. George A. Buttrick, D.D., S.T.D., Preacher to the University, Harvard University.

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Mr. Wendell L. Rockey, Executive Director of the World Relief Commission of the National Association of Evangelicals, has announced the opening of two new distribution depots for world relief contributions at Nappanee, Indiana, and at 1010 9th Street, Modesto, California. Contributions of clothing may now be sent to the NEA World Relief Commission, at either of these addresses or at 536 West 46th Street, New York 36. Money contributions to buy food and pay for expenses incurred in processing and shipping clothing may be sent to J. Williams Smith, Jr., Treasurer, 2124 Philadelphia National Bank Building, Philadelphia 7, Pennsylvania.